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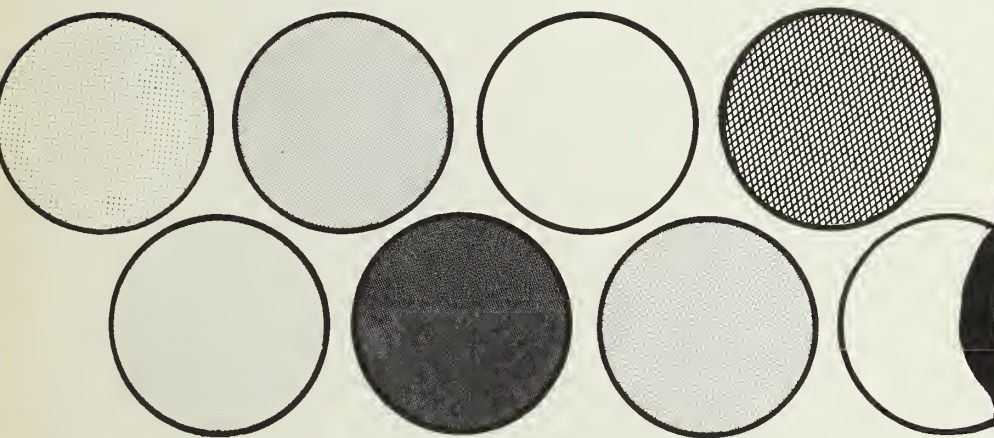
# **Q. ANNUAL REPORT**

## **STATE OF ILLINOIS ALCOHOLISM PLANS AND PROGRAMS**

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**JULY 1, 1977 - JUNE 30, 1978**



**DIVISION OF ALCOHOLISM**

**ILLINOIS DEPARTMENT OF  
MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES**

*Date submitted: December 30, 1978*

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IMPORTANT NOTE

THIS ANNUAL REPORT IS NOT A SEPARATE DOCUMENT, BUT IS A  
PART OF THE "STATE OF ILLINOIS PLAN FOR THE TREATMENT AND  
PREVENTION OF ALCOHOL ABUSE AND ALCOHOLISM FOR ILLINOIS FISCAL  
YEARS 1978 - 80."



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STATE OF ILLINOIS

DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES

Robert A. deVito, M.D., Director

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Division of Alcoholism

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November 30, 1978

TO: All Citizens of Illinois

This Annual Report covers the first year for the new State Plan which was developed for FY 78-80 and has a completely different format which we hope will provide you with more specific and meaningful information on the status of the goals and objectives and activities which were stipulated in the Plan for that given year.

In accordance with applicable Federal State Plan Guidelines this Report was prepared as a free standing document. Reports on the second and third year efforts of the FY 78-80 State Alcoholism Plan, as addended, will be prepared in the same manner.

We thank you for the support and the energy you have given to alcohol problems and concerns over this past year since this Report actually covers your accomplishments in the final analysis.

We look forward to an even more rewarding year in terms of both accomplishments and commitment to the concerns of the impact of alcoholism and alcohol abuse on our citizens.

Sincerely,

*Robert A. deVito, M.D.*

Dr. Robert A. deVito, Director  
Department of Mental Health and  
Developmental Disabilities

*Roalda J. Alderman*  
Roalda J. Alderman, Superintendent  
Division of Alcoholism and Liaison  
to the Dangerous Drugs Commission



ANNUAL REPORT  
FOR THE PERIOD  
JULY 1, 1977 THROUGH JUNE 30, 1978  
STATE OF ILLINOIS  
ALCOHOLISM PLANS AND PROGRAMS

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Mental Health & Developmental  
Disabilities

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Alcoholism and Liaison to the  
Dangerous Drugs Commission







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## I. INTRODUCTION

This year was the second year of implementation of the decriminalization of public intoxication in Illinois as enacted under PL 78-1270 as amended. As expected, more intensive development of the social and medical detoxication system was a high priority for our activities and with the continuing intensification of licensure efforts, a great deal of time was devoted to this network of services.

The Division continued its intensive study of the operation of the detoxication program networks throughout Illinois. A formal report, "Second Year Study of Detoxication Network Programs in Illinois," provides insights and identifies key issues related to the detoxication program networks. The detailed report is included in the "Supplemental Appendix" to this report and is available for public review in the Division's Chicago and Springfield offices and the Regional Alcoholism Offices. Copies of the report were also distributed to the other State and Territorial Alcoholism Authorities, Detoxication Programs, and other interested agencies and organizations. A copy of the report is available upon request from the Division's general offices.

However, the efforts toward further development of other components and identification of priorities in the areas of women, youth and special target populations, along with a major planning thrust for beginning of statewide prevention/early intervention efforts were also given increasing attention.

The following sections cover each of these areas of activity. It is of great significance to those of us who work day to day in this field to note the steadily increasing awareness and interested concern of many other public and private individuals and groups about the problems of alcohol abuse.

### A. Development of FY 79 State Plan

During August and September of 1977, a series of seven public hearings were scheduled, one in each DMHDD region. The hearings were conducted by the Regional Administrator, or his representative, the Regional Alcoholism Coordinator and a staff member of the Division of Alcoholism at each hearing. The purpose of these hearings was to provide an opportunity for any individual or group in Illinois to raise issues or directions which they would like addressed in the forthcoming FY 79 addendum to the State Alcoholism Plan. These hearings were planned to give opportunity to receive input before the plan was written on a regional or statewide basis.

Approximately one hundred people attended the seven hearings. Some hearings were attended primarily by regional staff. Approximately fifteen people provided formal testimony.

After the hearings, each region developed plans listed in Section IV. The regional plans were merged into the final plan with statewide overviews.

B. Notice of Availability of the Preliminary Draft of FY 79 State Plan Addendum

To insure maximum notice of the availability of the Draft FY 79 Addendum to the FY 78-80 State Alcoholism Plan for public review and comment, the News Release in Appendix 1 was distributed statewide via the Department's Public Information Office. Regionalized versions of the News Release were distributed by the seven Regional Alcoholism Offices. A regionalized version of the "Public Notice" in Appendix 2 was placed in the 14 newspapers also listed in Appendix 2.



## II. ADMINISTRATIVE ORGANIZATION

### A. Overview

The re-organization of the Department by the current Director occurred in October of 1977 and has already been covered in the material submitted for the FY 79 addendum, including the Department's new organization chart. The significance of the change in reporting relationship, providing that the Superintendent of the Division of Alcoholism reports directly to the Director and becomes a member of the Department's Executive Council, will have significant bearing on future development of policy and procedure relating to carrying out alcoholism related activities in the state. This increased visibility for the Division is also accompanied by a decentralization of responsibility for development and accountability for direct service provision to the seven Regional Administrators who supervise the work of the Regional Alcoholism Coordinators (RACs). The RACs are responsible for overall alcoholism activity in their areas and receive policy, procedural and technical guidance from the Superintendent when statewide issues, priorities and plans are interfaced.

It is a complex organizational framework which has potential for significant benefits in terms of grass roots planning development and responsiveness to community interests. Careful and intensive communications and structural feedback loops are required to assure its overall success. The staff of the General Office and the Regions are engaged in developing the mechanisms to assure that this occurs since fragmenting of plans and programs could occur without careful attention.

### B. Interdepartmental Coordinating Committee (IDCC)

#### 1. Overview

The IDCC met twice as required by PA 78-1270 during the Illinois FY 78. The attendance of Directors at the first meeting on December 7, 1977 did not reach a quorum, however all Departments did send an alternate if the Director was not present so that a good discussion of issues was carried on. The second meeting on June 29, 1978 was well attended and a quorum of Directors was present. Minutes of these meetings are available in the Division's General and Regional Alcoholism Offices.

The principle issues raised in the IDCC continued to address issues around youthful abuse and intoxication and the kind of care and treatment service provisions which are and should be available. Fiscal issues of responsibility for payment for care are also considered a major question. The IDCC invited the Illinois Commission on Children to participate in these discussions and a special task force group has been organized around the treatment concerns which have been raised. This group expects to prepare a report early in 1979. The Commission on Children has already gone on record to support removing the restriction which currently applies to children who must have parental consent for alcoholism treatment while not needing it for drug abuse treatment. The Illinois State Medical Society's Committee on Alcohol and Drug



Abuse has also voted to support removal of this restriction. The IDCC will continue to explore those issues relating to youth over the coming year.

The development of a coordinated information system which was agreed to by the IDCC is detailed in reports submitted to NIAAA on the Federal Special Grant for the Implementation of the Uniform Act. These reports cover Illinois programs and activities covered by the Grant for the period January 1, 1977 thru December 31, 1977 and January 1, 1978 thru December 31, 1978. The report for calendar year 1977 is available for public review in the Division Offices in Springfield and Chicago and the Regional Alcoholism Offices. The report for calendar year 1978 will be available during the latter part of FY 79.

An expressed concern regarding the liaison of the Division with the Illinois Dangerous Drugs Commission was followed through by the Director when he formally added the title "Liaison to the Dangerous Drugs Commission" to the Superintendent's role.

The Division and the Commission have engaged in frequent discussions ranging from regulatory issues to treatment prevention and training concerns. These efforts are being formalized over the current year.

Other concerns which were discussed by the members included pending legislation regarding implied consent issues and public awareness activities.

A major training effort was made to develop a knowledge and sensitivity regarding alcohol issues within the staffs of these member agencies and the outcome of this well-received effort is expected to contribute significantly to future joint cooperation.

The training projects were supported via individual contracts between the Division and the Department of Corrections; Department of Children and Family Services; Department of Public Aid; Northwest Educational Cooperative, Arlington Heights, Illinois (to service the Illinois Office of Education); and Lutheran General Hospital, Park Ridge, Illinois (to service the Illinois Department of Public Aid). These and other training contracts were funded out of the Special Implementation Project funds as demonstration or "seed" projects. Commitments were made by the IDCC member agencies receiving training contracts to continue efforts based upon project activities and incorporating project results after the termination of Division funding. The IDCC member agencies' training contracts and other training contracts funded out of the Federal Special Implementation Project Grant Funds are described in a January 1978 report made to the Citizens Advisory Council on Alcoholism which is included in the Supplemental Appendix to this report that is available for public review in the Division's Offices in Chicago and Springfield and the Regional Alcoholism Offices. Final reports for these projects will be detailed in the reports submitted to NIAAA on the Federal Special Grant for the Implementation of the Uniform Act that is referenced above and in Section VI of this report.

## 2. Reports of Committee Member Departments

IDCC member departments prepared and submitted to the Division individual statements regarding agencies' activities and programs during FY 78 relative to the implementation of PA 78-1270. These unedited statements are included in the appendix of this report. Department of Public Aid report unavailable at time of printing.

### C. Citizens Advisory Council on Alcoholism

#### 1. Overview

##### a. Statutory Provisions

The Council met in Chicago on:

July 21, 1977  
September 15, 1977  
November 17, 1977  
January 19, 1978  
March 16, 1978  
May 18, 1978

The first meeting in FY 79 was July 20, 1978.

##### b. Functions Mandated by PA 78-1270 as Amended

Dr. DeVito wrote a letter to the Council's Chairperson and indicated that generally, he wished the Council to continue its current structure, with the addition of a new sub-committee on Program Issues. Dr. West was extremely interested in this activity and named himself as Chairperson of the new committee in his statement of resignation as Chairman to be effective as soon as the new Chairperson is elected.

##### c. Special Projects

All work of the Council was carried on through its standing committees and no special projects were required.

## 2. Subcommittee Reports

### a. Youth Committee

The Committee on Youth and Alcohol of the Citizens Advisory Council on Alcoholism held four meetings during FY 78. The committee devoted the first two meetings to internal organizational issues and establishing priority areas for consideration.

The Committee reviewed and commented on two proposals for youth programs that were submitted to the Division. The Committee also presented a formal resolution to the Advisory Council (Resolution was approved by the Council) recommending to the Division that an additional staff member be added to the Division with the specific responsibility for Youth and

Prevention Programs. Finally, the Committee reviewed public awareness materials related to youth that were developed by the National Center for Alcohol Education, but has not completed this activity for report to the full council.

The Division expects that during FY 79, the Committee will play an active role in advising the Division regarding the direction for Youth Programs.

b. Committee on Women

The Committee on Women met on a regular basis just prior to each Council meeting. The primary activity for FY 78 was planning, developing and holding a Conference on Women and Alcohol. The Conference was held on November 30 - December 1, 1977 in Des Plaines, Illinois. Approximately 140 people participated in the two-day meeting. The purpose of the Conference was to provide information, exchange ideas and to receive recommendations from the participants.

The Committee on Women and the Council have taken several of the recommendations from the Conference to study and develop more extensive Council activities. One example of this is the Fetal Alcoholism Syndrome project.

c. Research Committee

Recent statistics indicate that there are approximately 2,200,000 women of child bearing age (15-39) currently living in Illinois. It is also estimated that 150,000 of these women are heavy drinkers.

Last year, there were over 170,000 live births recorded for Illinois residents. Approximately 11,500 of these children were born to mothers who drank heavily. Of this number, 8,000 children can be expected to manifest one or more of the symptoms of Fetal Alcohol Syndrome (FAS).

National Institute on Alcohol Abuse and Alcoholism states F.A.S. is the third leading congenital disorder associated with mental impairment, ranking only after Down's Syndrome and Spina Bifida. Of the three anomalies, at this time only the F.A.S. is preventable.

The fiscal cost to the state involves millions of dollars for institutionalization of youngsters severely affected. It is impossible to estimate the human cost to the families of these children.

Because of these devastating statistics and the fact the Fetal Alcohol Syndrome is preventable, the Division during the latter part of FY 78 formed a subcommittee under the auspices of the present Research Committee Chairperson of the Illinois State Advisory Council on Alcoholism.



This Committee known as "Fetal Alcohol Syndrome Work Group" sponsored jointly by the Governor's Citizens Advisory Council on Alcoholism and the Governor's Planning Council on Developmental Disabilities held two meetings in the latter part of FY 78. The main goal of this special work group is to review and initiate statewide planning strategies for the Fetal Alcoholism Syndrome to begin implementation during FY 79 with further development in succeeding years.

d. Program Services Committee

The Program Services Committee was developed at the end of the fiscal year with specific activities to begin in FY 79.

e. Education and Training Committee

The Education, Training and Public Information Committee was formally established by the Citizens Advisory Council on Alcoholism near the end of FY 77 by combining two previous committees, the Education and Training Committee and the Public Information Committee under the Chairmanship of the Chairman of the previous Education and Training Committee.

The newly established joint Committee held one formal meeting, during the early part of FY 78. This meeting was primarily an organizational meeting.

Because of the subsequent resignation of the Committee Chairman and the vacancy of that position throughout the remainder of that period, the Committee did not meet again during FY 78.

A new Chairperson has been appointed and the Division expects that this Committee will actively advise the Division in the areas of Training, Education and Public Information during FY 79.

f. Committee on State Plan

The Committee on State Plan and 5-Year Plan met during this year to discuss the development of the FY 79 Addendum and to review the comments on the document. The Committee recommended approval of the Addendum by the Council which was accepted.

g. Committee on Grants

Members of the Grants Committee participated in the Administrative Reviews of the grant awards of several community alcoholism providers conducted in each of the Department's regions 2, 3B, and 4. These administrative reviews are one step in the process of evaluating and awarding grants to alcoholism treatment programs within each region of the Department. Recommendations were made to the Department's Citizens Advisory Council for their deliberation regarding the Grant Committee's evaluation of the grants under consideration.

### III. STATE SURVEY OF NEED

#### A. Illinois Health Facilities Plan; Rule III

The Illinois Health Facilities Plan was developed by the Illinois Health Facilities Planning Board and the Illinois Department of Public Health and promulgated early in FY 78. The Plan does not contain a specific outline or formula for the number of alcoholism beds in a given area however, the State Board emphasizes free-standing and outpatient rather than institutional care. The regional offices of DMHDD have reviewed proposed hospital alcoholism projects in conjunction with the Department of Public Health staff.

#### B. Illinois Alcoholism Treatment Health Facilities Plan

Efforts to develop the Illinois Alcoholism Treatment Health Facilities Plan were begun by the Division of Alcoholism in cooperation with a special committee with representation from DMHDD Regional Offices, IDPH and community alcoholism treatment agencies. Preliminary study by the committee indicated that the Plan would need to be developed over an extensive period of time with input from many sources statewide. The proposed Plan would have to address variations in current treatment systems and service patterns as well as determine what is needed to fill the gaps where services are absent. The original timetable has been changed to reflect a more realistic and comprehensive approach to the development of the Plan. The operational date of the Plan is now projected for the end of FY 80.

#### IV. COMPREHENSIVE PLAN OF ACTION

##### A. Plan for Treatment Services

###### 1. Overview

The following section covers the level and degree of implementation of the stated goals, objectives and activities by each Region in accordance with funds allocated after the Legislature and the Governor had given the Department an approved budget for FY 78. See Appendix for Regional Alcoholism Service Networks effective June 30, 1978.

###### 2. Regional Reports

##### REGION 1A REGIONAL REPORT

###### A. Standard Treatment Programs

Goal 1: Assess and evaluate the network of alcoholism services within the Region.

Objective 1: During the first quarter of the year begin the process of overviewing the alcohol program system within each of the planning areas. X

Activity 1a: Review all programmatic and fiscal data in relation to the service goals and objectives of the Region. X

1. The primary basis of service will be on a "Balanced Service System"--a recent paper outlining a conceptual model for the delivery of services which seems timely and relevant to the task of reviewing alcoholism programs.

Activity 1b: Identify handicap groups. X

Activity 1c: Identify existing service modalities. X

Comment: This was accomplished in conjunction with the budget and planning process preparing for the fiscal year. It was evident that our current program efforts directed toward an identified alcoholic and/or alcohol abusing population should be maintained. Target groups identified were the public inebriate, women, the recidivistic alcoholic, and youth.

Objective 2: During the first and second quarter develop, review, and evaluate significant data identifying the immediate and projected needs and issues that are to be addressed within the planning area. X

Activity 2a: Continue the review, modification, and development of our regional adaptations of the state's extramural reporting system. X



		Accomplished	In Process	Not Accomplished
Activity 2b:	Meet with community program staff and state operated facilities staff concerning questions raised in collection of such data.	X		
Comment:	Through a series of meetings held within each of the four planning areas with service providers, mental health planners and regional office personnel, it became apparent there was an immediate need to maintain the current level of alcoholism services being provided throughout the Region. It has also become apparent that there was a growing need to relocate the existing social-setting detoxication and residential rehabilitation services, located in one of the planning areas, into a more easily licensable facility.			
Objective 3:	During the second and third quarter present our findings and recommendations to the service providers and mental health planners throughout the planning area.	X		
Activity 3a:	Hold meetings with individual agencies and planning groups.	X		
Activity 3b:	Hold joint meetings with the provider agencies and planners.	X		
Activity 3c:	Arrange for service adjustments.	X		
Activity 3d:	Obtain funds for the service system.	X		
Activity 3e:	Evaluate the effectiveness.	X		
Comment:	A number of individual and joint meetings were held with the service providers and mental health planners throughout the Region. The meetings were held to discuss the issues of the need to relocate residential alcoholism services into a more easily licensable facility or other physical plant alternatives and the maintenance of current alcoholism services. These meetings were also initial budget process meetings which began individual/regional budget development toward maintaining current level of services.			
Objective 4:	Implementation of the findings and recommendations during the fourth quarter in preparation for the ensuing fiscal year.	X		
Activity 4a:	Evaluate the effectiveness.	X		
Comment:	This objective was accomplished by the submittal, by each of the agencies, of budgets			



	Accomplished	In Process	Not Accomplished
which reflected the issues addressed for the ensuing fiscal year and positive recommendations by the various 708 and 553 mental health planning boards pertaining to these issues and the budget development process to be followed.			
<u>Goal 2:</u> Provide funds for the expansion of transportation services to the public inebriate in a rural community within one of the four planning areas.			
Objective 1: During the first and second quarter collect data on selecting a purchase of service transportation system or the purchase of a vehicle for such services.	X		
Activity 1a: Compare the systems and cost validations.		X	
Activity 1b: During the third quarter review and evaluate the collected information.		X	
Activity 1c: Select one of the alternatives			X
Activity 1d: Fund and implement the selected transportation service system during the fourth quarter.			X
Comment: Following an intensive review of the data collected, a comparison of the current demands for rural transportation, and the projected high cost of such transportation, it was determined that the funding and implementation of a selected rural transportation service was not feasible at this time. The existing transportation system consisting of family, volunteers, and police remained in effect. It was also determined that the currently funded transportation system in PA 10200 would be maintained and continued to be funded.			
Objective 2: Continually monitor and evaluate the selected transportation component.			X
Activity 2a: Review the monthly driver's log.			X
Comment: See Comment; Goal 2, Objective 1.			
<u>Goal 3:</u> Develop a project related to the recidivism of alcoholic clients.			
Objective 1: Develop service model which aims at addressing the problems of the multiple user of service during the first and second quarter of the fiscal year.	X		
Activity 1a: Third Quarter. Initiate the project to test model.			X

Activity 1b: Third Quarter. Build evaluation methods into the project.

Activity 1c: Fourth Quarter. Duplicate the model in another planning area.

Comment: Because of problems concerning licensing and the need to relocate existing social-setting detoxication and residential rehabilitation services in PA 10200, the selected planning area for the alcoholic recidivism project, a decision was made not to enter into such a project until the current issues around licensing and relocations have been resolved. These individuals continued to be served in the existing service system.

#### REGION 1B REGIONAL REPORT

##### A. Standard Treatment Programs

Goal 1: Development of detoxication networks under PA 78-1270, as amended, in the four remaining planning areas.

Objective 1: Determine most appropriate method of meeting the needs of four planning areas.

Activity 1a: Study the feasibility of interplanning area cooperation.

Activity 1b: Implement resulting plans.

Comments: After meeting with the law enforcement agencies, service providers, and consumers from Spoon River, Quad Counties, Fulton and McDonough Counties, and Tazwood planning areas, it was concluded that these planning areas, which did not have social setting detoxication programs established originally, will rely on referrals to local general hospitals or Oakwood Manor. Hospitals within the planning areas had Purchase Care contracts for emergency alcoholism treatment with the Regional Office for FY 78. This meets the detoxication needs of these planning areas.

Goal 2: Develop a separate and identifiable alcoholism service in PA 1B 04-04.

Objective 1: Develop community-based alcoholism services.

Activity 1a: Assist in developing program plans.

Activity 1b: Develop linkage with appropriate alcoholism

Accomplished  
In Process  
Not  
Accomplished

X

X

X

X

X

X

X

X

		Accomplished	In Process	Not Accomplished
program components external to planning area where needed and with appropriate mental illness programs within the planning area.				
Activity 1c:	Implement program.	X		
Comments:	Outpatient Alcoholism Services were initiated at the Community Mental Health Center of Fulton and McDonough Counties, Inc., at the onset of FY 78. That program has developed strong referral programs with Graham Hospital at Canton and McDonough District Hospital at Macomb. Both facilities are located within the planning area. If additional alcoholism services are needed, referral can be made to Cottage Hospital Alcoholism Treatment Program at Galesburg or Oakwood Manor in Peoria.			
<u>Goal 3:</u>	Evaluate the current system of detoxication services funded in response to PA 78-1270, as amended.			
Objective 1:	Determine utilization rate of detoxication and transportation services in relation to planned service activities.	X		
Activity 1a:	Evaluate DIS reporting data.	X		
Activity 1b:	Conduct routine on-site visits of detoxication facilities.	X		
Activity 1c:	Consult with other participating agencies and groups.	X		
Comments:	Upon analyzing the data from DIS reports and monthly site visits by Community Services personnel it was concluded that with emergency level hospital care services for the alcoholic already available maintenance of duplicate detoxication services resulted in low utilization of both programs and subsequently higher unit cost of non-hospital care. Conversely, transportation services were highly utilized--operating between hospital screening and alcoholism programs. The Regional Alcoholism Office maintained ongoing Consultation Services between service providers and other interested groups.			
<u>Goal 4:</u>	Assess criterion measures of utilization and make recommendations to the General Office for possible revision.			
Objective 1:	Expand Outpatient Services in three planning areas.	X		



		Accomplished	In Process	Not Accomplished
Activity 1a:	Provide funding for Alcoholism Outpatient Services in Planning Area 1B-04-04.	X		
Activity 1b:	Provide additional funding for another Alcoholism Outpatient counselor in Planning Area 1B-03-03.	X		
Activity 1c:	Provide funding toward the development of Alcoholism Outpatient Services in Planning Area 1B-07-07.	X		
Comments:	Outpatient Services were started at the LaSalle County Council on Alcoholism and Drug Dependence as well as the Community Mental Health Center of Fulton and McDonough Counties, Inc. Outreach Services were started at the Quad County Counseling Center. Outreach Services were expanded at the Spoon River Community Mental Health Center. With the passage of the decriminalization law, in addition to the more traditional Outpatient Services the needs of Case Finding, Information, and Referral Services were increased to either prevent hospitalization or to function as Aftercare Services to Residential Alcoholism Services. Within the Quad Counties Counseling Center Planning Area the needed increase in services was better defined as Outreach Services rather than Outpatient Services as defined by the Department of Public Health.			
<u>Goal 5:</u>	Develop a more coordinated and integrated service system between Alcoholism and Mental Illness programs.			
Objective 1:	Create agency agreements and protocol.		X	
Activity 1a:	Stress the continued need for clear relationships among programs.		X	
Activity 1b:	Coordinate the regional monitoring function of Mental Illness and Alcoholism programs.	X		
Comments:	With the exception of two free-standing alcoholism agencies, which are funded affiliates of their respective community mental health centers, Alcoholism services are a direct function of the community mental health centers within the region. This situation allows for coordinated planning; reduces programmatic and administrative duplication as well as allowing for a clear distinction between Mental Illness and Alcoholism clients and services.			

## REGION 2 REGIONAL REPORT

### Specific Action Plans

#### A. Detoxication Programs

Goal 1: Complete initial phase of implementation of detoxication service network.

Objective 1: Annualize social setting detox programs begun or significantly altered during FY 77.

Activity 1a: Annualize Northwestern University Institute of Psychiatry FY 77 grant.

Activity 1b: Annualize Lutheran Welfare Services, Inc. FY 77 grant.

Activity 1c: Annualize Chicago Clergy Association for the Homeless Person FY 77 grant.

Activity 1d: Annualize Salvation Army - Harbor Light Center FY 77 grant.

Activity 1e: Annualize the Woodlawn Organization FY 77 grant.

Activity 1f: Annualize South Suburban Council on Alcoholism FY 77 grant.

Time-Frame: Activities a through f to be completed by 7-1-77.

Comments: Initial funding of the South Suburban Council on Alcoholism grant was not realized in FY 77 due to unanticipated delays in securing a site that met local zoning ordinances. Funding, therefore, was not annualized in FY 78 but commenced with the agency's signing of a lease contract in March, 1978. Activity 1f was therefore not completed in the time frame indicated. Direct services commenced in May, 1978.

Objective 2: Establish a new social setting detoxication center in the western suburbs of Chicago.

Activity 2a: Meet with Community Area Networks and establish plan and timetable for program.

Activity 2b: Provide technical assistance to network/applicant.

Activity 2c: Evaluate proposal and make funding recommendation.

Accomplished  
In Process  
Not  
Accomplished

	Accomplished	In Process	Not Accomplished
Activity 2d: Establish positive licensure status.		X	
Activity 2e: Establish direct service.			X
Activity 2f: Initiate standard grant monitoring procedures.	X		
Time-Frame: Activities a through c to be completed by the end of FY 77.			
Activities d through f to be completed by the end of the first quarter of FY 78.			
Comment: Community Area Networks are local service providers who work together. During the course of FY 78, Leyden Family Service and Mental Health Center made three attempts to establish a social setting detoxication program in different west suburban communities. The process of applying for an Illinois Department of Public Health License and developing the facility and program to conform to standards was undertaken at each location. The interpretation of zoning regulations and the absence of a special use permit ultimately prevented and/or delayed the issuance of license. Without a license, direct services could not be offered.			
B. Existing Program Strengthening			
<u>Goal 1</u> : Stabilize service levels in all Community Area Networks (CAN's).			
Objective 1: Annualize FY 77 grants.	X		
Activity 1a: Meet with agencies having the programs initiated or significantly changed in FY 77 to plan for a twelve-month budget annualizing final operational level of FY 77.	X		
Activity 1b: Annualize awards initiated or significantly expanded in FY 77.	X		
Time-Frame: Activity 1a to be completed by end of FY 77. Activity 1b to be completed by end of 7-1-77.			
Comments: New and expanding program annualizations went to The Salvation Army Harbor Light Center social setting detox program, The Salvation Army Tom Seay Center residential rehabilitation program, and the Woodlawn Organization social setting detox program. There was an average increase of about 5% applied to personal services and/or commodities and contractual items in programs throughout the Region.			



		Accomplished	In Process	Not Accomplished
Objective 2:	Provide maintenance of effort increases to sustain individual CAN's at current service delivery levels.	X		
Activity 2a:	Meet with CAN's to plan non-expansion '78 budgets.	X		
Activity 2b:	Allocate grant funds to provide selected increases in personnel service, commodities, and contractual items where appropriate.	X		
Time-Frame:	Activity 2a to be completed by end of FY 77. Activity 2b to be completed by 7-1-77.			
Comments:	See Comment, Objective 1.			
C. Emergency Purchase-of-Care				
<u>Goal 1:</u>	Increase the amount of services made available through the purchase-of-care.			
Objective 1:	Funding increase in emergency purchase-of-care.	X		
Activity 1a:	Increase the amount of funding allocated to emergency purchase-of-care.	X		
Activity 1b:	Meet with CAN's to plan for service expansion.		X	
Activity 1c:	Negotiate new contracts.		X	
Activity 1d:	Extend coverage of FY 77 contractors to levels approximating either the contractors service capacity or the CAN utilization capacity.		X	
Time-Frame:	Activities 1a and 1b to be completed by end of FY 77.  Activities 1c and 1d to be completed by end of first quarter FY 78.			
Comments:	The Region 2 allocation for FY 78 allowed for the funding expansion of selected FY 77 contracts as well as the development of three new contracts. Negotiations to extend coverage were completed a few months after the time frames indicated in keeping with the issuance of the psychiatric purchase care contracts. Hence the determinations of service capacity and utilization continued beyond the time frame indicated.			



## D. Residential Care

Goal 1: Increase the number of halfway house beds in Region 2.

Objective 1: Establishment of additional halfway houses in Region 2.

Activity 1a: Meet with CAN and establish plan and timetable for program.

Activity 1b: Provide technical assistance to network/applicant.

Activity 1c: Evaluate proposal and make funding recommendation.

Activity 1d: Establish positive licensure status.

Activity 1e: Establish direct service.

Activity 1f: Initiate standard grant monitoring procedures.

Time-Frame: Activities 1a through 1c to be completed by the end of FY 77.

Activities 1d through 1f to be completed by the end of first quarter FY 78.

Comments: Additional halfway house beds were to be established through Cathedral Shelter and Lutheran Welfare Services of Illinois in Chicago, and Community Concern for Alcoholism and Drug Abuse in Elgin. Due to unanticipated delays in locating an appropriate program site getting zoning approval, hiring staff, and completing the licensing process, direct services were not established in FY 78 but projected for the first quarter FY 79. The Cathedral Shelter effort was abandoned due to the lack of projected local funding.

## E. Outpatient

Goal 1: Expansion of existing outpatient programs as well as the establishment of new programs in geographic areas where there is considered to be a void in this program.

Objective 1: Establish additional outpatient services.

Activity 1a: Meet with CAN and establish plan and timetable for program.

Activity 1b: Provide technical assistance to network/applicant.

	Accomplished	In Process	Not Accomplished
Activity 1c: Evaluate proposal and make funding recommendation.	X		
Activity 1d: Establish positive license status.		X	
Activity 1e: Establish direct service.			X
Time-Frame: Activities 1a through 1c to be completed by the end of FY 77.			
Activities 1d and 1e to be completed by the end of the first quarter FY 78.			
Comments: The additional outpatient services planned for FY 78 included the Edgewater-Uptown Community Mental Health Center program for Native Americans and the Lawndale Peoples Planning Action Conference. Because of unforeseen delays in preparing the grant and meeting licensing and fire code standards, the Department of Public Health license was not issued in FY 78 and hence direct services did not commence. The Department, however, did fund these agencies for pre-service development costs.			
F. Chronic Recidivist			
Goal 1: Evaluate the programs and the data gathered in rendering the services to the chronic recidivist alcoholic during the first year (FY 77) and first phase of implementing PA 78-1270.			
Objective 1: Re-examine programming concepts for the chronic relapsing alcoholic.	X		
Activity 1a: Meet with CAN and establish plan and timetable.	X		
Activity 1b: Provide technical assistance.	X		
Activity 1c: Evaluate proposal eligibility for funding under the provisions of special NIAAA award to the State of Illinois consequent to the passage of PA 78-1270.	X		
Activity 1d: Establish positive license status.			X
Activity 1e: Establish direct service.			X
Time-Frame: Activities a through c to be completed by the end of FY 77.			
Activities d and e to be completed by the end of first quarter.			

		Accomplished	In Process	Not Accomplished
Comments:	The program concept is based on the rendering of support and the learning of basic socialization skills for the chronic recidivist alcoholic in a hotel residential setting. After review and negotiation with Department of Public Health over treatment standards, it was agreed that licensing this service as a treatment program would not be required. Program to start first quarter FY 79.			
Objective 2:	Provide alternatives in treatment planning for the chronic recidivist.		X	
Activity 2a:	Form a Region-wide task force.	X		
Activity 2b:	Survey current programming concepts and effectiveness.		X	
Activity 2c:	Report findings and discuss alternatives.		X	
Time-Frame:	Activity 2a to be completed by the end of FY 77.			
	Activity 2b to be completed during the first quarter FY 78.			
	Activity 2c to be completed by end of first quarter.			
[Comment]	The implementation of the Alcoholism and Intoxication Treatment Act has introduced the chronic recidivist alcoholic into the health care system at a much increased rate. As a consequence, Region 2 has proposed a treatment program.			
Comments:	Treatment planning is ongoing at different rates within the nine subregions of Region 2 where findings and alternatives are discussed at network meetings. A Region 2 recommended plan will be completed by the fourth quarter of FY 78.			
<u>REGION 3A REGIONAL REPORT</u>				
A. Standard Treatment Programs				
<u>Goal 1:</u>	The Regional Alcoholism Office will actively support ongoing services to alcoholics and alcohol abusers within the 18 county area of Region 3A.			
Objective 1:	Existing alcoholism programs will continue at current levels of service in eleven outpatient clinics and three halfway houses in the Region		X	



		Accomplished	In Process	Not Accomplished
Activity 1a:	The Regional Alcoholism Office will assess and evaluate fiscal and statistical data to insure maintenance of existing levels of service.	X		
Comments:	With the exception of three agencies, as noted in the FY 78 agency self-evaluations, Region 3A alcoholism programs equaled or exceeded quarterly service figures as projected on their respective agency plans. In these three agencies, individual internal problems were addressed during Regional site visits and were being corrected by the fiscal year's end.			
<u>Goal 2:</u>	Social setting detox services will be available for each of Region 3A's four subregions.			
Objective 1:	Improved services are planned in the Region's existing centers with increased capacity and ability to serve the South Subregion where there is no detox center.	X		
Activity 1a:	By the end of the first quarter two additional detox staff will be added to the Western Illinois Council on Alcoholism.		X	
Activity 1b:	By the end of the first quarter two additional detox staff are planned for the Sangamon-Menard Alcoholism and Drugs Council.		X	
Activity 1c:	By the end of the first quarter updated service agreements will be negotiated between the Jacksonville Area Council on Alcoholism, the Sangamon-Menard Council and the three mental health centers in the South Subregion.	X		
Activity 1d:	The regional alcoholism office will provide ongoing consolidation assistance and monitoring to insure effective implementation of the above service agreement.	X		
Comments:	Funding levels limited additional detox staff at the Western Illinois Council on Alcoholism and the Sangamon-Menard Alcoholism and Drugs Council to one each. However, service agreements between the Jacksonville Area Council on Alcoholism, the Sangamon-Menard Council, and the three Mental Health Centers in the South Subregion were updated and implemented.			
<u>Goal 3:</u>	Each of the Region's three social setting detox centers will develop their own transportation systems.			

		Accomplished	In Process	Not Accomplished
Objective 1:	A detox transportation system is planned for completion for the Western Illinois Council in Quincy. Such systems are operational for the detox programs in Jacksonville and Springfield.			X
Activity 1a:	By the end of the first quarter it is planned that the Western Illinois Council will purchase a van for use in the five county West Subregion.			X
Activity 1b:	By the end of the first quarter service agreements will be negotiated between the Mental Health Authority for West Central Illinois, the subregion's umbrella agency, the Western Illinois Council, and the mental health centers of the subregion to provide area-wide detox transportation.			X
Activity 1c:	The regional alcoholism office will provide ongoing consultation, assistance, and monitoring to insure effective implementation of the above service agreement.			X
Comments:	The Western Illinois Council on Alcoholism rejected the purchase of a detox van for staffing and budgetary considerations. Additionally, the five mental health centers in the West Subregion opposed the acquisition of a van because of the time necessary to transport inebriates from the outlying areas. Alternative plans for implementation in FY 79 were developed by contract with the Mental Health Authority for West Central Illinois. During FY 78 affiliate agencies provided transportation at their own cost and staff time which created staffing and funding problems.			
<u>Goal 4:</u>	Inpatient residential rehabilitation services will be available to alcoholics within the Region's 18 counties.			
Objective 1:	Residential rehabilitation services will continue to be provided by McFarland Mental Health Center's state operated program.	X		
Activity 1a:	Local alcoholism councils and mental health clinics will screen and refer all admissions.	X		
Activity 1b:	Community-based program staff will participate in ongoing treatment planning of all referrals to insure continuity of care.	X		
Comments:	With the exception of a very few direct admissions from physicians, all admissions to			

		Accomplished	In Process	Not Accomplished
	McFarland Mental Health Center's alcoholism program were screened through local alcoholism councils and alcoholism programs. Staff of community-based programs participated in the ongoing treatment of all their referrals by attending weekly community meetings on the treatment unit.			
Objective 2:	Program refinements will be made on an ongoing basis.	X		
Activity 2a:	Incidence data will be collected and analyzed to determine patterns of and reasons for admissions.	X		
Activity 2b:	By the end of the second quarter meetings will be regularly held with McFarland and Regional staff to discuss program content and direction	X		
Comments:	The Regional Alcoholism Office monitored admissions to McFarland Mental Health Center's alcoholism program to determine the appropriateness of referrals as well as gather incidence data. While the program continued to serve clients from throughout the Region, the majority of admissions were from Sangamon County, Planning Area 50300, with a reduced admission rate from elsewhere, particularly Planning Area 50100 (West Subregion), as a rehabilitation program was established in St. Mary's Hospital, Quincy. This has led to Regional planning during FY 79 for community-based residential rehabilitation alternatives to McFarland. Regional concerns for program content and direction were shared with program staff on an ongoing basis.			
<u>Goal 5:</u>	The Regional Alcoholism Office will evaluate the feasibility of reducing the number of hospitals participating in the alcoholism purchase of care program to strategically located, high-usage hospitals within each subregion.			
Objective 1:	During FY 77 each of the 22 hospitals within Region 3A expressed interest in the Department's service reimbursement program for emergency room screening and medical detoxication for the indigent alcoholic. Not all hospitals, however, actively participate. A plan of reducing this number, if feasible, would specifically augment community alcoholism programs, make service planning and implementation more cohesive and manageable, as well as be designed to achieve maximum cost effectiveness.	X		



		Accomplished	In Process	Not Accomplished
Activity 1a:	The Regional Alcoholism Office will evaluate service and billing patterns in each sub-region.	X		
Activity 1b:	Region staff will hold quarterly meetings with hospital administrators to discuss findings and planning.			X
Comments:	Alcoholism purchase of care contracts were negotiated with 14 of the 22 hospitals in Region 3A, especially in rural areas with the participation of local alcoholism personnel. Meetings with hospital staff were held as questions or problems arose. In most cases patient volume was too small to warrant regular quarterly meetings with hospital personnel.			
<u>REGION 3B REGIONAL REPORT</u>				
A. Standard Treatment Programs				
<u>Goal 1:</u>	To assure, within funding limits, that state DPH licensure requirements are substantially met by existing facilities.			
Objective 1:	To upgrade social-setting detox and residential services to comply with licensure staffing requirements and to meet JCAH (or other accrediting body) emergency care standards.		X	
Activity 1a:	Place on agenda of Planning Area advisory board, in process.	X		
Activity 1b:	To seek assurance from the Division that, should state or federal capital improvement funds become available, for those agencies which had to meet state licensure fire code requirements after 11-1-76, and incurred debt in FY 77 to do so, a method be devised to reimburse them retroactively.		X	
Activity 1c:	Report availability of personnel and need for services, in process.	X		
Activity 1d:	Evaluate training needs and/or add indicated staff, First Quarter FY 78.	X		
Activity 1e:	Upgrade training for existing staff and/or new training for new personnel, and new training for staff turnover, First Quarter FY 78.		X	
Comments:	With the exception of an outpatient program and one of the comprehensive alcoholism			



agencies, all of the Region's programs have received licensure. The programs currently not licensed failed not for programmatic deficiencies, but because the facilities in which they are housed were not able to meet the FY 78 interpretation of the State Fire Code. The outpatient program (which is a part of the mental health center) is still determining how they will address the Fire Code deficiencies. The comprehensive alcoholism agency will be moving into a new facility specifically designed and built to house all components of its program. It will be receiving a provisional license for programs as soon as the building is habitable, about mid-FY 79.

The planning area advisory board (in Activity 1a) is a working group comprised of the Region's alcoholism grant-in-aid providers and subregion administrators. The major task of the work group is to assist in the development of the Region service plan. It also serves as an arena to discuss issues and concerns. The current proposed direction of the JCAH has been frequently discussed as well as a need for training for agency staff. The discussions of JCAH are dominated by growing concerns of the participants over the changes proposed in the standards of JCAH and whether they will be appropriate for the Region's alcoholism programs, specifically to those that are social-setting. As a result the discussion of and the potential for receiving funding for training has led to the creation of a Region Training Committee that will begin functioning in FY 79.

		Accomplished	In Process	Not Accomplished
Objective 2:	To develop missing components of service in one Planning Area.	X		
Activity 2a:	Place on agenda of Planning Area Advisory Board, concluded FY 77.	X		
Activity 2b:	Report possible service alternatives, in process.	X		
Activity 2c:	Determine possible funding sources, in process.		X	
Activity 2d:	Conclude necessary agreements, First Quarter FY 78.		X	
Comments:	The Planning Area Advisory Board (P.A. 60500) is the subregion advisory group that was			

		Accomplished	In Process	Not Accomplished
<p>established in FY 77 to act in an advisory capacity to the Decatur Mental Health Center's alcoholism treatment staff. It was comprised of other mental health center executives in the Planning Area. Although this was an area of discussion of this group, it was unable to address successfully the development of the missing component, Intermediate Residential Care.</p> <p>St. Mary's Hospital, which has taken the leadership in addressing many of the community needs, asked the Region to support its Certificate-of-Need for inpatient medical alcoholism services. Since medical services appeared to have both industry and local consumer support it was supported by the Region with the formal contingency that the unit address its own hospital service area and DMHDD Planning Area (consistent with a major Region objective of making services available within one hour's driving time) and that the unit not extend service to the entire Region, which would put additional burdens on the existing outpatient, detox and halfway house services, designed to address only the sub-region population.</p> <p>Title XVIII-XIX, DPA funding are being explored for funding for this program as well as other social setting residential programs.</p>				
Objective 3:	To upgrade Outreach programs to meet licensure and JCAH (or other accrediting body) standards.		X	
Activity 3a:	Place on agenda of Planning Area Advisory Board, in process.	X		
Activity 3b:	Report availability of personnel and need for services. First Quarter, FY 78.		X	
Activity 3c:	Evaluate training needs and/or add indicated staff. First Quarter, FY 78.	X		
Activity 3d:	Upgrade training for existing staff and/or new training for new personnel, and new training for staff turnover. First Quarter, FY 78 and thereafter.		X	
Comments:	This objective was not met; all activities and funding had to be directed towards meeting licensure standards for social setting detoxication programs. This will be an objective in FY 79 if training monies are available. All existing outreach programs are licensed.			

		Accomplished	In Process	Not Accomplished
Objective 4:	To upgrade Consultation/Education programs to expand and intensify occupational alcoholism services to major employers and labor unions.	X		
Activity 4a:	Place on agenda of Planning Area Advisory Board, First Quarter FY 78.			X
Activity 4b:	Report availability of personnel, First Quarter FY 78.			X
Activity 4c:	Upgrade training for existing staff and new training for staff turnover, Second Quarter FY 78 and thereafter.			X
Comments:	Implementation pending successful completion of Special Implementation Project EAP in Planning Area 3B-04-04 as model.			
	Activities 4a-4c awaiting outcome of pilot project cited above.			
Objective 5:	To address the lack of third-party coverage for non-medical treatment of alcoholism.	X		
Activity 5a:	Continue to bring to the attention of the Division, in process.	X		
Activity 5b:	Willingness to serve as a pilot project to test feasibility, in process.	X		
Activity 5c:	Place on agenda of state OPC group the following problem: company insurance policies written in urban home-office sites of national firms (where medical facilities are abundant) providing only medical coverage for alcoholism prove to be inadequate in many branch-office subdivisions located in rural or small-town sites (where medical facilities are scarce), in process.	X		
Activity 5d:	Continue to work with local firms and labor unions to encourage group insurance policies covering non-medical treatment of alcoholism, in process.	X		
Comments:	The comprehensive alcoholism programs in each planning area, the issue of insurance and third-party payments are being addressed. Industry has to recognize the problem, and develop policies that deal with the problem. In some instances, industry sees this as a problem for community resources to address and therefore have been reluctant to make commitments of their personnel time to develop policies and establish ongoing training of key personnel.			







		Accomplished	In Process	Not Accomplished
were made available to community hospitals in Planning Areas 70302 and 70101.				
<u>Goal 2:</u>	To demonstrate an enhancement of the quality of service in the outpatient programs.			
Objective 1:	To demonstrate this in the four major planning areas.		X	
Activity 1a:	Encourage the development of in-service training to improve staff efficiency.	X		
Activity 1b:	Set up monthly evaluative sessions with staff.		X	
Activity 1c:	Increase the public awareness of the program by increased use of mass media.		X	
Activity 1d:	Attempt to strengthen the referral system with other care services working agreements and ongoing evaluation process.		X	
Comments:	<p>This objective was essentially accomplished as a result of all agencies setting up substantive in-service training to improve staff efficiency. There was also a major increase in public awareness of the programs through agencies staff personnel on the radio, TV and personal appearances at schools, churches, and other social service groups.</p> <p>Community programs are monitored by region and subregion staffs through personal contacts to obtain and strengthen inter-agency referrals and working agreements.</p>			
<u>Goal 3:</u>	To demonstrate a more effective use of the halfway house system.			
Objective 1:	To establish a more positive and firm referral system that will allow for the availability of the halfway house program to more individuals.		X	
Activity 1a:	Hold organizational meetings with all concerned agencies and individuals.		X	
Activity 1b:	Establish written policies and procedures for firm referral.		X	
Activity 1c:	Hold evaluation sessions with all concerned agencies and individuals.		X	
Comments:	Continuing efforts are being made by the Region to encourage the accomplishment of this objective, however, we see it as a continuing process. Established written policies have			

been instituted along with firm referral procedures.

This effort is in its beginning phase presently confined to Planning Area 70302. It is our intent, however, to expand this project region wide. Meetings are presently confined to program administrators dealing with intra-agency referral policies.

## REGION 5 REGIONAL REPORT

### A. Standard Treatment Programs

Goal 1: Assess and evaluate the current regional emergency care system.

Objective 1: Complete a survey of existing (four) detox centers to determine the extent of detoxification service and manpower needs. X

Activity 1a: Complete regular on-site visit of detox facilities. X

Activity 1b: Compile a summary of objective data utilizing DIS and agency reports. X

Activity 1c: Determine the rate of admissions to detox facilities and geographic utilization. X

Activity 1d: Determine the rate and type of transportation utilization. X

Comments: The evaluation of the survey data identified the need for planning and implementing steps to increase utilization of bed space, balancing manpower and reducing per diem costs.

Objective 2: Complete a resurvey of law enforcement agencies and general hospitals to determine the effectiveness and extent of utilization of emergency rooms, detox facilities, and transportation services by September 30, 1978. X

Activity 2a: Complete on-site visits to 27 county sheriffs' departments. X

Activity 2b: Complete on-site visits to 28 general hospitals. X

Comments: Resurvey results indicated no significant increase of emergency room services. Law enforcement's utilization of detox centers varied with philosophy regarding alcoholism. A common comment by law enforcement indicated

Accomplished  
In Process  
Not  
Accomplished

	Accomplished	In Process	Not Accomplished
mandatory five-day confinement of clients to detox would increase the effectiveness of the law. Detox vans remain the main source of transportation.			
Objective 3: Evaluate the objective and subjective data provided through other onsite visits of four detox facilities, 27 county sheriffs' departments, and 28 general hospitals identifying the immediate and projected needs of the Region 5 Emergency Care System in relationship to the needs of a continuum of alcoholism treatment services.	X		
Activity 3a: Complete a summary of data.	X		
Activity 3b: Meet with Region alcoholism staff to review summary and comment.	X		
Activity 3c: Meet with Southern Illinois Alcoholism Coalition to review summary and comment.			X
Activity 3d: Integrate summary of data and comments into the Region 5 program and budget development process.	X		
Comments: The evaluation process involved in Activities a, b, and c resulted in a plan to consolidate the detoxication services of two centers serving the northern portion of the Region, effective July 1, 1978. Further evaluation during FY 79 to determine the feasibility of consolidating the two remaining centers will be pursued.			
Activity 3c: The Southern Illinois Alcoholism Coalition was not active during FY 78.			
<u>Goal 2</u> : Complete an evaluation of current community-based residential programs.			
Objective 1: Complete onsite program survey to determine needs for residential services by November 30, 1978.		X	
Activity 1a: Identify the number of clients currently served in all programs as being in need of residential setting.	X		
Activity 1b: Establish a base-line number of clients served in FY 77 by halfway residential facilities in relationship to the number of clients identified as needing residential-type treatment.	X		



		Accomplished	In Process	Not Accomplished
Activity 1c:	Determine approximate rate growth in the number of individuals needing longer-term treatment.	X		
Comments:	Two meetings were held with local community service providers to determine regional network of residential needs. Community service providers strongly indicated a need for a longer-term residential service for clients who have special treatment needs.			
Objective 2:	To have two identifiable intermediate programs and one halfway house by the end of FY 78.	X		
Activity 2a:	Assess and evaluate compiled data in relationship to appropriate location of such facilities based upon regional service network of needs.	X		
Comments:	During FY 78 the Region had two intermediate programs and one halfway house. Due to the close geographic proximity of the two intermediate programs one program will be phased out, effective June 30, 1978. It is planned to relocate the phased-out program in a more appropriate location.			
Objective 3:	Determine capability of how Anna Mental Health and Developmental Center can meet identified needs for longer-term inpatient care.	X		
Activity 3a:	Re-evaluate the Alcoholic Treatment Program's current programming in relationship to meeting the needs of the longer-term client.	X		
Activity 3b:	Initiate action that will stimulate a plan of transition to meet those identified needs.	X		
Comments:	The evaluation resulted in a proposal by the Region that provides alternative approaches for utilizing a portion of the Anna Mental Health and Developmental Center as a longer-term alcoholism residential facility that could fulfill the need identified by community alcoholism service providers. Funds were not available in FY 79, but proposal has high Regional priority for FY 80.			
<u>Goal 3:</u>	Initiate action that stimulates the rate of early detection and early intervention of alcohol abuse and alcoholism in Region 5 by the end of FY 78.			
Objective 1:	Develop three identifiable outreach programs--one in each Subregion.		X	



	Accomplished	In Process	Not Accomplished
Activity 1a: Determine impact of outreach programs by monitoring the number of clients being treated for the first time as a result of outreach programs.			X
Activity 1b: Evaluate the need for additional outreach programs.		X	
Comments: There exists one formerly funded outreach program and two programs that have identifiable outreach activities. We are not completely satisfied with the degree of development of outreach activities in the Region. Efforts to stimulate development will continue. Activity 1a could not be accomplished because of other demands on community program staffs' time, such as treatment, JCAH, Public Health licensing, and staff shortages. Lack of funds to develop outreach program continues to be a major problem.			
<u>Goal 4</u> : Encourage the development of alcoholism outpatient services.			
Objective 1: Have at least two outpatient programs in operation in the Northern and Central Sub-regions for a sufficient amount of time so they may be thoroughly evaluated in 1979.		X	
Activity 1a: Evaluate the current degree of program development in each planning area in the Region.		X	
Activity 1b: Based upon the identification of local needs in relationship to the planning area's degree of program development, the location of the outpatient programs will be identified.		X	
[Aftercare/Follow-Up ] All alcohol programs will either provide or be linked with another agency for aftercare/follow-up services. This is a continuation of Region policy and is currently operational at varying levels of development in each of the alcoholism programs in Region 5.			
Comments: In the process of completing the objective the need for an appropriate valid evaluation method was identified. The Region will explore alternatives in an attempt to fulfill the need.			
[Aftercare/Follow-up ] It remains a Regional Policy to encourage formal arrangements for			

		Accomplished	In Process	Not Accomplished
aftercare/follow-up services for all clients.				
<u>Goal 5:</u>	Develop support programs that aggressively seek to allow for input of consumers and providers in the development of a Regional community area service network.			
Objective 1:	Implement a plan of action that provides for continuity and coordination of consumer and provider efforts in Region alcoholism program development to be completed by the end of FY 78.		X	
Activity 1a:	Develop close working relationship with allied agencies, public and private, e.g., Division of Vocational Rehabilitation, Department of Children and Family Services, Department of Public Aid, Department of Corrections, etc.		X	
Activity 1b:	Expand range of communication with Alcoholics Anonymous groups to clarify our mutual roles in service to the alcoholic.		X	
Activity 1c:	Develop an operational Regional Advisory Council on Alcoholism and Alcohol Abuse or provide for adequate representation within a Regional health service advisory council.			X
Activity 1d:	Encourage development of Advisory Councils on Alcohol and Alcohol Abuse for community-based alcohol programs.		X	
Comments:	<p>Activity 1a: Seven allied agencies participated in the development of core curriculum for Southern Illinois University's Alcoholism Counselor Training Project and participated in Employee Awareness Program. These allied agencies consisted of the Division of Vocational Rehabilitation, Department of Children and Family Services, Department of Public Aid (EMS Division), Southern Illinois University, Nursing Association, law enforcement, and representatives from community-based treatment programs.</p> <p>Activity 1b: Personal communication has increased with Alcoholics Anonymous, but no formal communication mechanism has been established as yet.</p> <p>Activity 1c: Regional Alcoholism Advisory Council development is intertwined with development of the Integrated Service System.</p> <p>Activity 1d: Two programs have taken the</p>			

		Accomplished	In Process	Not Accomplished
beginning steps in forming local advisory Councils.				
<u>Goal 6:</u> Continue Region policy of providing assistance to both public and private agencies impacted by the mandates of Public Act 78-1270 in identifying and meeting training needs.				
Objective 1:	Implement an action plan for identifying and meeting training needs by the end of FY 78.	X		
Activity 1a:	Continue program of training for current hospital and law enforcement personnel in caring for the alcoholic under provisions of Public Act 78-1270.	X		
Activity 1b:	Identify needed training programs and elicit support from educational and training agencies to provide classes in identification and appropriate disposition of alcohol problems in their curricula, e.g., nurses, police, etc.	X		
Activity 1c:	Conduct survey to establish training needs of staff in alcohol services and offer training in those areas where sufficient need is shown.	X		
Activity 1d:	Provide training to assist community organizations in developing better techniques of planning.			X
Comments:	<p>Activity 1a: During the year the training for law enforcement and general hospital personnel was assigned as a basic responsibility of the community alcoholism programs with the help of the Regional Alcoholism Office staff taking an assisting role. Programs with general hospitals were quite successful with programs being held in 18 hospitals. However, law enforcement training had to be changed to a one-on-one basis, because of the inability to plan programs where law enforcement personnel could gather for large group training sessions.</p> <p>Activity 1b and Activity 1c: The development of the Region 5 Integrated Service System is being geared towards assisting community agencies in the identification and development of better planning techniques. Activities 1b and 1c were handled by the direct results of this System in identifying agency training need, which leads to the entire Southern Illinois University's Alcoholism Counselor Training Project.</p>			



Activity 1d: The activity in Activity 1d was not accomplished because of time restraints and the need to place staff time in higher priority areas of the Regional Plan.

## B. Plan for Occupational Programs

### 1. Overview

The Division of Alcoholism has a continuing strong commitment to the early intervention of alcoholism through the workplace. This can be seen in the growth of Employee Assistance Programs in the State. By year end there were 176 of these organized programs.

Organizationally, a Divisional Statewide Occupational Program Coordinator has a policy, programming, training, budgetary and support role while the Department of Mental Health and Developmental Disabilities Regional offices and their community agencies have carried out actual program development.

The Division continued to work with public and private employers and labor organizations to develop and upgrade these programs. The number of participating community agencies has increased which has enhanced the gradual transition toward the building of a community based network of occupational consultants which was begun in the previous year.

Close liaison with labor and management groups was maintained and the Division participated in a number of employee alcoholism seminars and workshops sponsored by the AFL-CIO Community Services Branch and local community business groups.

A Special Federal Implementation Grant demonstration project contract was awarded January 1, 1978 to a local alcoholism council (Champaign County, Region 3B) for the development of a project to reach white collar workers. Since the project is located in a university, college and government dominated area, it is expected to provide a model for the development of similar programs Statewide. (See Section VI Special Grant for Implementation of The Uniform Grant.)

A brochure, designed to inform employers of the need for EAPs and to offer OPC consultation services was given to the Regional offices for distribution locally and through community agencies. Space was provided on the brochure for individual local consulting identification. (See Appendix # 5.)

Training efforts during the year were directed toward the State Employee Assistance Program. (See IV. B. 3 State Employee Assistance Program.)



## 2. Regional Reports

### REGION 1A

Goal 1: Provide for one occupational alcoholism consultant for industry and government jointly in each planning area of the Region.

Objective 1: First Quarter. Select the four individuals, one from an established provider agency in each planning area. X

Comment: Assignments were made of additional responsibility to the existing alcoholism staff position in each planning area.

Objective 2: First Quarter. Establish funding for these individuals. X

Comment: The funding for these individuals was accomplished through assigning this additional responsibility to an existing alcoholism staff position in an established provider agency in each planning area within the Region.

Objective 3: Second and Third Quarter. Provide training for these individuals to coordinate alcoholism occupational services. X

Activity 3a: Hire a consultant and a consultant/technician to develop and train the selected staff. X

Comment: Funding for such training and an appropriate training module was not made available through the DMHDD/Division of Alcoholism.

### REGION 1B

Goal 1: To continue to implement the State Plan for Occupational Programs.

Objective 1: To establish Employee Assistance Programs. X

Activity 1a: To provide consultation, education, coordination and resource information to employers, labor organizations and the general public. X

Activity 1b: To increase the number of occupational programs, coordinate services, and provide a continuum of quality services for employers and employees. X

Comments: The Regional Office was not directly involved in the development of Employee Assistance

		Accomplished	In Process	Not Accomplished
	Programs; however, Consultation Services were provided during monthly site visits as well as on an "as-needed" basis to those community agencies who had become more involved in drafting local Employee Assistance Program policies and providing ongoing services to those programs already in existence. There was evidence of an increase in third party coverage and early referral on the part of employers. Also, local Alcoholism Service providers appear to demonstrate increasing creditability within their communities.			
<u>Goal 2:</u>	To increase the interest in Occupational Programs.			
Objective 1:	Provide program-based consultation to employers.	X		
Activity 1a:	To implement programs with Alcoholism Service providers.	X		
Activity 1b:	To implement occupational programming consultation as a service of alcoholism service providers.	X		
Comments:	All Alcoholism Service providers have Employee Assistance Programs that relate to their own services. In addition, all service providers in each planning area have staff trained in Employee Assistance Programs who are available for consultation. Additional training on the subject is provided through local means such as film library, pamphlets and speakers, as available.			
<u>Goal 3:</u>	To inform the public about the philosophy of Occupational Programs.			
Objective 1:	To facilitate the dissemination of information regarding Occupational Programming.	X		
Activity 1a:	To provide seminars to labor-management representatives.	X		
Activity 1b:	To provide various types of presentations on Occupational Programming to service, fraternal and industrial organizations.	X		
Activity 1c:	To provide training to labor representatives and employers.	X		
Comments:	Community-based Alcoholism Service providers have performed these activities on an ongoing basis. The Regional Office acts as a consultant when requested; therefore, a summary of			

		Accomplished	In Process	Not Accomplished
	these activities in terms of numbers of programs presented is not available in the Regional Office. However, the agency logs these presentations and information may be provided by each of the agencies.			
<u>Goal 4:</u>	To provide alcoholism services to employed persons and their families.			
Objective 1:	Make alcoholism services more accessible to incipient stage alcoholics.	X		
Activity 1a:	To improve linkages of service for employed persons.	X		
Activity 1b:	To continue to provide basic alcoholism education programs to employers.	X		
Activity 1c:	To provide consultation to alcoholism service providers in treatment plans for employed persons and their families.	X		
Comments:	The regional statistics indicate a decrease in the average ages of persons, an increase in the number of employed persons, and an increase in the percentage of first admission persons seeking service in FY 78. In general, local service providers have been responsive to the needs of local employers. For further information, see preceeding comments.			
<u>Goal 5:</u>	To identify and develop methods to overcome resistance to Occupational Programming.			
Objective 1:	To facilitate a more accepting attitude toward alcoholism as a treatable disease process among employers.		X	
Activity 1a:	To assess educational programs, seminars and site visits to determine probability of success.		X	
Activity 1b:	To gather information on labor-management attitudes toward occupational programming.			X
Comments:	It appears that Employee Assistance Programs are best developed by service providers and employers working together to resolve specific problems. Management seems to respond better on the basis of potential benefits to a company rather than to a consultant talking about proposed benefits. The fact that the regional statistic showed an increase in the number of employed persons seeking services in FY 78 would indicate a			



		Accomplished	In Process	Not Accomplished
change of labor-management attitudes toward occupational programming.				
<u>Goal 6:</u>	Interface the Industrial and Governmental alcoholism programs with the service delivery system.			
Objective 1:	Establish an identified liaison in each planning area between employers and treatment services.	X		
Activity 1a:	Occupational specialists will continue to focus on not only the development of intervention programs but will function as liaison between newly developed programs and service delivery systems.		X	
Activity 1b:	Occupational specialists will demonstrate professional competence in program evaluation within the context of a recognized discipline in order to recommend programs to government and industry.		X	
Activity 1c:	Emphasis will continue to be placed on the comprehensiveness of the multi-faceted treatment of the alcoholic.		X	
Comments:	Following Goal 5 EAP consultation at the local service delivery level allows for on-going interaction between treatment service and employers. A local liaison prevents employees from falling through cracks from referral to treatment and demonstrates to employers how traditionally problem personnel areas may be managed.			
<u>REGION 2</u>				
<u>Goal 1:</u>	During FY 78 we anticipated an increase of 10% in the total number of persons employed in Region 2 companies with Occupational Alcoholism Programs.			
Objective 1:	Increase by 7% the number of persons in private industry employed by companies with Employee Assistance Programs (EAP).	X		
Activity 1a:	Repeat outreach to largest employers in Region 2.		X	
Activity 1b:	Create specialized promotion campaigns for medium size employers (under 1,000 employees).		X	
Activity 1c:	Contact minimum of 25 most positive responding companies from previous years' outreach with personalized offers of assistance.	X		



		Accomplished	In Process	Not Accomplished
Activity 1d:	Convert minimum of 10 companies from stage of general interest to active exploration.	X		
Activity 1e:	Convert minimum of 5 companies now exploring to the stage of policy approval and/or program implementation.	X		
Time-Frame:	Activity 1a to be completed by the end of the first quarter FY 78.			
	Activity 1b to be completed by the end of the first quarter FY 78.			
	Activity 1c to be completed by the end of second quarter FY 78.			
	Activity 1d to be completed by the end of third quarter FY 78.			
	Activity 1e to be completed by the end of fourth quarter FY 78.			
Comments:	The Employee Assistance Program efforts of the Region staff proved highly effective during FY 78. There were 16 firms which either started or implemented programs during FY 78, which represents a 21% increase.			
Objective 2:	Increase by 3% the number of persons employed by city, county and municipal or other non-federal government.	X		
Activity 2a:	Begin active outreach to local government units through region-wide promotional campaign.	X		
Activity 2b:	Personally contact all units positively responding.	X		
Activity 2c:	Provide positive consultation to at least 25 governmental units.	X		
Activity 2d:	Plan policy and program with at least 10 units	X		
Activity 2e:	Establish programs in 3 units.	X		
Time-Frame:	Activity 2a to be completed by the end of first quarter FY 78.			
	Activity 2b to be completed by the end of first quarter FY 78.			
	Activity 2c to be completed by the end of second quarter FY 78.			
	Activity 2d to be completed by the end of third quarter FY 78.			

		Accomplished	In Process	Not Accomplished
	Activity 2e to be completed by the end of fourth quarter FY 78.			
Comments:	There were 7 employers in this category who started programs in FY 78, which represents a 14% increase.			
Objective 3:	Conduct formal study of penetration rates in existing programs.			X
Activity 3a:	Survey existing programs to determine utilization.			X
Activity 3b:	Prepare reports.			X
Activity 3c:	Study alternative approaches to increase penetration and make recommendations.			X
Time-Frame:	Activities 3a and 3b to be completed by the end of first quarter FY 78.			
	Activity 3c to be completed by the end of the second quarter FY 78.			
Comments:	This penetration study was not done, having been done a year earlier. At that time, virtually no program reached 10% penetration, a good standard of performance.			
	Personal contact with a large number of program administrators by Region 2 staff indicated no change was evident. Hence, no new study was made. It should be borne in mind that there is some hesitancy to supply this information because it is considered by some program administrators to be confidential			
<u>REGION 3A</u>				
<u>Goal 1:</u>	Increase availability of Employee Assistance Programs throughout the Region.			
Objective 1:	The Regional Alcoholism Office will expand the number of industrial programs to 14.			X
Activity 1a:	Complete a list of all industries employing over 20 people by the end of the first quarter.		X	
Activity 1b:	Schedule meetings with community service agencies to seek their assistance in local industry contacts by the end of the first quarter.	X		
Activity 1c:	Schedule direct contacts with executives of 33% of the industries on the above list by the end of the third quarter.		X	

		Accomplished	In Process	Not Accomplished
Activity 1d:	Contact at least one labor organization in each subregion by the end of the fourth quarter.	X		
Activity 1e:	Provide supervisory training to developing programs by the end of the fourth quarter.		X	
Activity 1f:	Establish and implement follow-up procedures to determine the effectiveness of new programs by the end of the fourth quarter.		X	
Comments:	All Region 3A community alcoholism service providers were individually contacted to involve them in the development of industrial EAP's. A great deal of interest was expressed though the agencies were unable to commit any significant time to this endeavor. A compilation of all industries employing over 20 people was in progress at fiscal year's end and is expected to be completed by the end of the third quarter, FY 79. Additionally, contacts were made with labor organizations in each subregion, though no definite results were forthcoming during the year. Evaluation of existing Employee Assistance Programs was difficult because of company reluctance to release data and service agency resistance to collating and compiling data. However, in-service training was provided to the Sangamon-Menard Alcoholism and Drugs Council, the Jacksonville Area Council on Alcoholism, and St. John's hospital, with additional training planned but not yet implemented at the end of the fiscal year.			
<u>Goal 2:</u>	Increase availability of local government and hospital Employee Assistance Programs within the Region.			
Objective 1:	Establish four additional governmental programs and four hospital programs.		X	
Activity 1a:	Complete a list of all county and municipal governmental units within the Region by the end of the first quarter.		X	
Activity 1b:	Schedule meetings with community service agencies to seek their assistance in making contacts by the end of the second quarter.	X		
Activity 1c:	Contact administrators of 25% of the offices on the above list by the end of the third quarter.		X	
Activity 1d:	Provide supervisory training to developing		X	



		Accomplished	In Process	Not Accomplished
	programs by the end of the fourth quarter.			
Activity 1e:	Establish and implement procedures to determine the effectiveness of new programs by the end of the fourth quarter.			X
Comments:	The emphasis was upon enlisting agencies' participation in developing EAP's. The agencies were unable to commit any meaningful amount of time to this activity. While a compilation of all county and municipal governmental units within the Region was incomplete by the end of the fiscal year, it is expected to be finished by the end of the third quarter, FY 79. Two new hospital EAP's were established and supervisory training was completed in one of those and was scheduled for the other. It is interesting to note that while 10 County Superintendents of Schools were personally contacted, the response was negative.			
<u>REGION 3B</u>				
<u>Goal 1:</u>	To better systematize and integrate into Planning Area Service Networks the occupational programming efforts.			
Objective 1:	To develop a consultation/education staff for occupational programs within a funded agency in each Planning Area.		X	
Activity 1a:	Selection by the agencies of one consultation/education program staff member in each Planning Area to be trained for occupational alcoholism development. First Quarter.			X
Activity 1b:	Arrange, coordinate and/or conduct required training. Second Quarter.			X
Activity 1c:	Monitor, evaluate and upgrade performance of occupational program staff in each Planning Area. Third/Fourth Quarters.			X
Activity 1d:	Develop, with alcoholism agencies, private industry, labor unions, governmental units, and 708 Boards, common strategies for addressing needed changes in group insurance policies to include coverage for non-medical treatment of alcoholism.		X	
Activity 1e:	Develop with Division staff and DIS needed changes in the reporting system to capture data for occupational clients treatment in community-based agencies.		X	



Comments: With the funding 1/1/78 of a Special Implementation Project EAP in Planning Area 3B-04-04 (at Champaign County Council on Alcoholism) as a test-case Region Model, this Objective was partially accomplished (i.e., in only one Planning Area) pending successful completion of that Project. The hiring of a full-time staff member in each Planning Area for OPC responsibilities was held in abeyance, partially to await the outcome of the Special Project in Champaign, but chiefly for lack of funding. The common strategies (in Activity 1d) were and are addressed by the cited groups in each Planning Area, but without a state or federal legal mandate for such non-medical coverage, local employers have great difficulty persuading home-offices in distant large cities (where medical facilities are plentiful) to include such coverage in their company-wide insurance policies.

There is no effective forum open to the Region for addressing this crucial coverage gap. Industry must recognize this problem and develop policies to address it. In some instances, industry see this as a problem community resources should address and therefore is reluctant to commit their personnel time to the insurance problem. The same stance is taken in some instances by industry on the issues of in-house occupational policy development and supervisory training. In both areas, community OPC resources have an obvious and necessary role, but without the strong prior commitment from industry to a participatory--and not just permissive role, effective results rarely occur.

McLean County, using local funds, received consultation from Prof. Harrison Trice. His major message to local providers and industry personnel reiterated strongly this latter point.

Alcoholism agencies in each Planning Area have informal referral arrangements with most large employers in their communities, and this informal system continues to generate referrals. The needed reporting-system changes are being addressed by the Division and DIS.

#### REGION 4

Goal 1: To increase the number of companies providing occupational assistance programs.

		Accomplished	In Process	Not Accomplished
Objective 1:	Start three new Employee Assistance Programs in FY 78.			X
Activity 1a:	Estimated total work force of 3000.			X
Activity 1b:	Estimated 200 supervisors and/or union representatives.			X
Activity 1c:	Three hours training for supervisors and/or union representatives (groups of 20).	X		
Activity 1d:	Total of 30 hours training.	X		
Comments:	This objective was not accomplished due to staff reductions on both the region level and community level. Assistance was provided, however, to community agencies through the distribution of literature and loaning of films for use in contacting employers. There were three workshops in planning area 70504 involving a total of 150 people.			
<u>Goal 2:</u>	To encourage the continuation of present programs.			
Objective 1:	Provide refresher training for six companies.		X	
Activity 1a:	Work force of 9800.			X
Activity 1b:	1900 supervisors and/or union representatives			X
Activity 1c:	1-1/2 hours training (groups of 20).	X		
Activity 1d:	Estimated 150 hours of training.			X
Comments:	This objective was not accomplished due to a staff reduction. Assistance was provided to community agencies, however, through the distribution of literature and the loaning of films for use in contacting employers.			
<u>Goal 3:</u>	To provide occupational program information to a large number of companies.			
Objective 1:	To sponsor three Industrial Seminars in FY 78.			X
Activity 1a:	East St. Louis, Alton, Granite City.			X
Activity 1b:	Estimated sixty companies total.			X
Activity 1c:	Three separate days for a total of 24 hours.			X
Comments:	This objective was not accomplished due to a staff reduction. Assistance was provided agencies, however, through the distribution of literature and the loaning of films. Four			

		Accomplished	In Process	Not Accomplished
<p>films were made available to community agencies and approximately 1000 pieces of literature in the form of pamphlets, etc., were distributed.</p>				
<p><u>Goal 4:</u> To provide occupational program information to general public.</p>				
Objective 1:	Participate in eight to ten radio shows in FY 78.			X
Activity 1a:	Half hour per show.			X
Activity 1b:	Newspaper articles.	X		
Comments:	<p>This objective was not accomplished due to a staff reduction.</p> <p>Providing program information to the general public was partially accomplished through personnel of community programs in Planning Areas 70402 and 70101.</p> <p>Community agencies assisted in approximately four training sessions with approximately 125 persons in attendance.</p> <p>Community agencies are being approached to consider extending their efforts to include this aspect of programming. Training and resource material will be offered as incentives.</p> <p>The problem of obtaining expanded service from community agencies without additional funding is formidable especially in Planning Area 70402, where a reduction in local funding is expected to result in additional staff reductions for community agencies.</p>			
<p><u>Goal 5:</u> To provide occupational program information and education to civic groups.</p>				
Objective 1:	Intend to give six public education speeches in FY 78.			X
Activity 1a:	Colleges - six one hour sessions.			X
Activity 1b:	Chamber of Commerce - four, one hour sessions.			X
Activity 1c:	Others as requested.			X
Comments:	This objective was not accomplished due to a staff reduction.			



	Accomplished	In Process	Not Accomplished
Providing program information to the general public was partially accomplished through personnel of community programs in Planning Areas 70402 and 70101.			
Community agencies assisted in approximately four training sessions with approximately 125 persons in attendance.			
Community agencies are being approached to consider extending their efforts to include this aspect of programming. Training and resource material will be offered as incentives.			
The problem of obtaining expanded service from community agencies without additional funding is formidable especially in Planning Area 70402, where a reduction in local funding is expected to result in additional staff reductions for community agencies.			
<u>Goal 6:</u> To increase the number of state agencies that offer occupational programs.			
Objective 1: Provide training for four State of Illinois units in FY 78.			X
Activity 1a: DMH, DVR, Department of Conservation, Department of Corrections.			X
Activity 1b: Estimated total work force of 2000.			X
Activity 1c: Estimated 100 supervisors.			X
Activity 1d: Three hours training (groups of 20).	X		
Activity 1e: Total of 15 hours training.	X		
Comments: Progress was made utilizing community providers, but staff reductions prevented full attainment of this objective. Community agencies were provided with films and literature to use in working with employers.			
<u>REGION 5</u>			
<u>Goal 1:</u> Develop an aggressive Employee Assistance Program awareness and education program.			
Objective 1: Implement an aggressive plan of action that stimulates governmental and private industry in developing identifiable Employee Assistance Programs during FY 78.		X	



		Accomplished	In Process	Not Accomplished
Activity 1a:	Orient the staff of all twelve community mental health agencies on the purpose and goals of EAP.	X		
Activity 1b:	Identify and train in six community mental health agencies a staff person who will become responsible for functioning as liaison with local industry in the EAP.		X	
Activity 1c:	Develop a procedure to evaluate the quality and effectiveness of the Employee Assistance Program.		X	
Activity 1d:	Conduct a conference on EAP for representatives of the coal mining industry.			X
Activity 1e:	Create an Industrial Advisory Committee to assist in establishing EAP direction and development.		X	
Activity 1f:	Initiate survey to develop master list of county and municipal governmental units.	X		
Comments:	<p>Activity 1a: During the year all twelve community mental health agencies were represented in a two-hour orientation program on the purposes and goals of Employee Assistance Programs.</p> <p>Activity 1b: Four of the seven community agencies in the Region have identified an Employee Assistance Program liaison person. Each individual received orientation.</p> <p>Activity 1c: Two World Color Press plants agreed to implement evaluation of Employee Assistance Programs, utilizing their own computer process.</p> <p>Activity 1d: This Activity could not be accomplished because of the prolonged coal strike in the area, but still maintains a high priority in Region planning.</p> <p>Activity 1e: This Activity was only partially achieved because of time restraint and scheduling problems. Selected industrialists have been contacted for this committee, however no committee has formally been organized.</p> <p>Activity 1f: This Activity was developed by a cooperative effort of the five Regional Planning and Development Commissions in our twenty-seven county area and the Region 5</p>			

		Accomplished	In Process	Not Accomplished
	Alcoholism Office. The county board chairmen, county commissioners, and county officials were identified for each of the 27 counties. These lists were distributed to each agency in our treatment system.			
Objective 2:	Evaluate awareness program based upon number of identifiable Employee Assistance Programs implemented by first six months of FY 79.		X	
Comments:	Employee Awareness Programs implemented in governmental agencies did not significantly increase referrals, but continues to impact the attitudes and activities of the agencies, e.g., D.V.R., D.P.A., etc., in the delivery of their services. The industrial awareness efforts have resulted in two formalized programs involving 2,140 employees, but no substantial data is available as yet for referral evaluation.			
3. State Employee Assistance Program				
The Division continued administrative responsibility for this program through which more than 350 employees of the State were referred for help in FY 78. Major emphasis was placed on developing ways to open all avenues leading to the earlier intervention and referral to treatment of State employees needing assistance.				
Initiated in 1974, the Program policy originally had covered only alcohol abuse and alcoholism. During FY 78, negotiations were completed to add problems of drug abuse to the policy statement to strengthen and expand it. In FY 78 the Dangerous Drugs Commission joined with the Division of Alcoholism and the Department of Personnel in sponsoring the Program. The policy statement was revised and has received the approval of the Governor. A letter from the Governor to all employees will be sent early in FY 79 to be followed by a new employee brochure.				
Division of Alcoholism training contracts were carried out with Grant Hospital of Chicago's Alcoholism Training Institute to conduct a series of one-day "refresher" workshops for the Employee Assistance Program's network of some 300 referral coordinators representing the key work sites of all State agencies. Training of trainers from the Departments of Transportation, Personnel and Corrections was carried out under a similar contract to prepare for the training of supervisors. This small group (10) of trainers met for 2½ days and evolved a supervisory training agenda appropriate for each of their departments.				
Also under a Division of Alcoholism contract, a Guide for Supervisors was developed and an initial quantity printed for distribution to 12,000 supervisors in FY 79. This				

Supervisors Guide initially will be used in conjunction with the training of 1500 key supervisors. Additional copies will be distributed to all State departments, boards, commissions under the Governor's jurisdiction and to other supervisors under other cooperating elected State officials, the college and university systems, etc.

All administrative and training costs of the Program to date have been borne by the Division of Alcoholism. Under the initial agreement negotiated with the Dangerous Drugs Commission in FY 78, the Commission will pay for the training of some 1500 key supervisors in FY 79 with further sharing of future costs to be negotiated.

## C. Community Education and Information Program

### 1. Overview

Community education and information programs were directed toward two separate focuses during FY 78.

The first focus was on creating a public awareness regarding alcohol abuse and alcoholism and was accomplished with programs and activities that were developed and implemented at the community level through the efforts of the Regional Alcoholism Offices. These activities as summarized below reached a large number of Illinois citizens.

#### Summary Data

\* More than 550 separate presentations were made to all grade levels in the Illinois formal education system to an estimated 28,000 students.

\* More than 640 separate presentations were made to voluntary organizations, professional associations and societies, governmental agencies, youth groups, and civic groups to an audience estimated in excess of 25,000 persons.

Community education and information programs were also directed toward creating within the memberships of professional groups and societies and the staffs of the member agencies of the PA 78-1270 Interdepartmental Coordinating Committee: 1) an understanding of alcohol related problems, 2) the knowledge and skills for earlier identification of alcohol related problems in their clientele, 3) a working knowledge of locally available treatment resources and referral skills.

The Division was successful in beginning to reach these goals through the contracts that were funded during FY 78 out of the Special Federal Implementation Grant funds.

These contracts are reported on later in this report in Section V., Special Issues, Training Programming.



These efforts will not greatly impact upon the general public until subsequent years. However, the knowledge and skill base has been established in a large segment of the general health care and social support services systems frequently utilized by those persons suffering from alcohol related problems.

## 2. Regional Reports

### REGION 1A

Goal 1: Formulate a committee to formalize and develop an education and information plan.

Objective 1: First Quarter. Select individuals from each planning area to serve on the committee.

Activity 1a: Meet with educators, mental health planners, and other interest groups who may be interested in serving on the committee.

Comment: There has been a continuing effort on the part of local agencies throughout the Region to provide various forms of educational and informational alcohol material. Although there has been no organized effort at the regional level, the regional alcoholism coordinator's office has given direction and encouragement to the agencies to continue their efforts on a local basis.

Objective 2: Second Quarter. Develop a survey document to assess the need for alcohol education and information in the Region.

Activity 2a: Research the literature.

Activity 2b: Create survey document.

Comment: See comment, Objective 1.

Objective 3: Third Quarter. Complete a survey of the need for alcohol education and information.

Activity 3a: Do a point-in-time study of all cases open with the existing alcoholism programs in the Region.

Activity 3b: Give the survey to junior high and high school students within the Region.

Comment: See comment; Objective 1.

Objective 4: Fourth Quarter. Complete a summary of objective data utilizing the completed survey forms.

Accomplished	In Process	Not Accomplished
	X	
		X
		X
		X
		X
		X
		X



Activity 4a: Compile data

Activity 4b: Report results

Comment: See comment, Objective 1.

REGION 1B

Goal 1: Develop a region-wide quality controlled education/prevention program for alcoholism personnel.

Objective 1: To assess on a region-wide basis the types, levels and frequency of education and training efforts among alcoholism programs during FY 78.

Comments: With a variety of State-wide activities, including development of Alcoholism Counselor Certification Standards, Department of Public Health licensure staff requirements, along with the development of local inservice training programs, community education and information continued to evolve and was difficult to assess.

Objective 2: Operationalize in FY 79 a region-based education/prevention program for alcoholism personnel.

Activity 2a: Establish appropriate training criteria based upon past experience of agencies and professional expertise.

Activity 2b: Develop region-wide funding criteria based on specific annualized training programs.

Activity 2c: Establish a generalized region-wide training program to provide an overall upgrading of expertise among alcoholism personnel as well as call attention to the need for overall community education.

Activity 2d: Maximize the utilization of existing funds which are becoming increasingly available for education and training.

Comments: Alcoholism Service providers as well as regional alcoholism staff participated in a variety of training programs which included clinical as well as administrative skills offered at the State-wide level, and concurrently, partly in response to Department of Public Health licensure, local inservice training programs were set into place with active curricula. Most of these

inservice training programs are for service providers but are not limited to providers only, and they are usually conducted by local as well as State-wide experts to respond to certain needs.

## REGION 2

Goal 1: Increase the visibility and expand the resources of the Public Health Educator.

Objective 1: Utilize this position for more extensive consultation to the subregions and community networks to make alcoholism services and other resources more prominent in local areas.

Activity 1a: Fill and continue the Health Educator position throughout FY 78.

Activity 1b: Schedule periodic reviews with subregions to develop and implement specific goals for alcoholism information and education.

Activity 1c: Region office to establish resource file of materials for local network use.

Activity 1d: Transfer some functions of the program from Region to subregion/community.

Time-Frame: Activity 1a to be completed by 7-1-77.

Activity 1b to be completed by the end of first quarter.

Activity 1c to be an ongoing process, with the file initiated by the end of the third quarter.

Activity 1d to be completed by the end of third quarter.

Comments: The Health Educator position was not filled due to reorganization of budget priorities. The functions of this position were intended to be vested in the second assistant Regional Alcoholism Coordinator position to be filled in FY 78. Meanwhile, information on training programs was disseminated from the Region office through the Subregion to the community agencies.

In reference to the specific Activities:

1b - The establishment of a specific subregion alcoholism liaison is in process.

Accomplished	In Process	Not Accomplished
--------------	------------	------------------

X

X

X

X

X

1c - The collection of educational and training materials from all available sources is ongoing.

1d - There will be negotiations with the subregion to accomplish this goal.

### REGION 3A

Goal 1: Establish open lines of communication between local law enforcement agencies and the Regional Alcoholism Office.

Objective 1: Develop regular contact with area law enforcement agencies.

Activity 1a: Organize meetings to discuss mutual concerns about the alcoholism service network by the end of the first quarter.

Comments: Because of agency sentiment expressed during the FY 79 State Plan Hearings, the development of contacts with local law enforcement personnel was left with the local community agencies.

Goal 2: Increase amount of ongoing clinical training available to all alcoholism counselors within the Region.

Objective 1: Explore and develop need-specific training in conjunction with SIU School of Medicine and the McFarland Mental Health Center.

Activity 1a: Survey individual counselors to determine their greatest perceived training needs by the end of the first quarter.

Activity 1b: Develop a training format with the SIU Medical School, Alcohol Education Program staff and staff of the residential rehabilitation program at the McFarland Mental Health Center to keep alcoholism counselors abreast of current trends and developments in the field by the end of the second quarter.

Activity 1c: Use regularly scheduled monthly provider meetings for this purpose by the end of the third quarter.

Comments: Agency and Region staff identified four needed basic staff training areas: 1) counseling skills, 2) medical and nursing aspects of alcoholism, particularly for social setting detox staff, 3) the anticipated counselor

Accomplished	In Process	Not Accomplished
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certification process, and 4) clinical records guidelines. Training was provided in all four areas, either through Regional workshops, including two designed and conducted with the Southern Illinois University Medical School, particularly for the first three areas, and in individual agencies for the fourth. However, ongoing training in each area is needed and has been incorporated into the FY 79 Region 3A Alcoholism Training Plan. In addition, one workshop on accreditation was held, drawing 15 participants from throughout the Region.

Goal 3: Assess the regionwide need for DWI programs.

Objective 1: Develop applications for three strategically located DWI programs within the Region during FY 78.

Activity 1a: Meet with agency staff, states' attorneys, and court officials to explore the need for such programs by the end of the first quarter.

Activity 1b: Determine locations based on statistical findings of need by the end of the second quarter.

Activity 1c: Provide consultation to selected agencies regarding the development of grant applications for program support by the end of the third quarter.

Comments: This goal was not attained as such because of direction from the Division Office. However, three of the Region's alcoholism programs did establish locally-funded DWI programs with varying degrees of success. The Region Office has provided consultation to those three programs as requested.

## REGION 3B

These are established activities in all grant-in-aid agencies, supported mostly by community-based programs with local funds.

Goal 1: To maintain and upgrade existing Education/  
Information Programs.

Objective 1: To protect or supplant the local funds currently underwriting existing programs that may, of necessity, be diverted to capital improvements in order to meet State licensure requirements for facilities.



		Accomplished	In Process	Not Accomplished
Activity 1a:	Recommend that all Division-sponsored Education/Information workshops provide scholarships for community-based agency participation.		X	
Activity 1b:	Assess, by agency, the amount of local funds being diverted from this program area to cover the cost of capital improvements needed to meet the State licensure standards for facilities. July/August, FY 78.		X	
Activity 1c:	Search for alternate sources of funds to maintain the in-place programs thus deprived of local funding.		X	
Comments:	Work on this Objective still in process, with only limited success in FY 78. The recommendation (1a) to the Division was made, and its implementation is in process. Efforts were made, without success in FY 78, to secure changes in the funded-agency budget-reporting forms from IDMHDD (1b) to exhibit capital, as well as operating, expenses. The search for alternate source of funds (1c) has, of necessity, been centered in the communities with agency staff and board members seeking, with some success, increased local funding, especially through fund-raising drives. Staffs of the seven funded alcoholism agencies in the Region were responsible for 1,265 Community Education/Information events in FY 78, reaching a cumulative audience of 2,517,500.			

#### REGION 4

<u>Goal 1:</u>	To provide better information in all planning areas.			
Objective 1:	To encourage a Region wide comprehensive community education program.		X	
Activity 1a:	Develop a Region steering committee to ensure quality.	X		
Activity 1b:	Adopt plan to use mass media, literature, group presentation.	X		
Activity 1c:	Introduce to all education levels a standard program of education.		X	
Activity 1d:	Make use of all state and private resources to accomplish task..		X	
Comments:	Regional Steering Committee was established			

representing numerous social services in the area, such as Junior College staff, alcohol agency staff and general hospital personnel. Committee is addressing Activities 1b - 1d. Tentative schedules project the mass media and Education Plan to be completed at the end of the third quarter of FY 80.

## REGION 5

Goal 1: Develop an active community, education/prevention program.

Objective 1: Implement 12 educational seminars beginning in July 1977 to be completed by October 1977.

Activity 1a: Meet with Region health educator to design a program of public awareness for the following specific target populations, e.g., ministerial groups, health and welfare agency personnel, law enforcement, judicial officers, and the general public.

Activity 1b: Develop and distribute program schedules to Subregions for appropriate local distribution.

Activity 1c: Develop and implement educational modules for presentation to the identified target populations.

Comments: Only two community programs responded and attempted to implement the Education/Information Program. The objective had to be carried out with the active participation of the community agencies who were generally not committed to its implementation. The two agencies that did sponsor the seminars, i.e., Egyptian Health Department and Fellowship House, Incorporated, found them to be most effective in stimulating interest in alcoholism problems in their respective areas.

Objective 2: Evaluate impact of community education/prevention seminars.

Activity 2a: Monitor the involvement of the target populations in support of their local alcoholism programs over a year's period of time.

Comments: Due to not accomplishing Objective 1, this Objective could not be completed.

Objective 3: Coordinate the planning of a Region-wide community education/training program utilizing community colleges as the delivery system.

Accomplished	In Process	Not Accomplished
		X
X		
X		
		X
		X
		X
		X
X		

Activity 3a:	Coordinate and participate in joint planning efforts with Southern Illinois University.	X		
Activity 3b:	Assist and consult with the University in developing a proposal to be submitted to the Division of Alcoholism by the end of the second quarter.	X		
Activity 3c:	To evaluate and plan for follow-up activities as indicated.	X		
Comments:	The first phase of the Southern Illinois University's Alcoholism Counselor Training Project was implemented and completed. The second phase will determine if it can be self-supporting. A detailed report on the first phase of the Project is available at the Regional Alcoholism Coordinator's Office.			

#### D. Evaluation Program

##### 1. Overview

The statewide effort toward upgrading the quality of evaluations performed on Department-funded activities continued during FY 78.

Two Management by Objectives (MBO) workshops were held in October, 1977. The emphasis of these workshops was to provide Department staff with training and experience on goal-setting and goal-monitoring of community provider agencies. This training should have a positive affect on the FY 78 self-evaluations.

A pilot patient care audit project was completed during FY 78. In addition to providing the agency valuable actual experience with a quality assurance mechanism it has also provided the Department with some very practical information on implementing patient care audit in a community provider agency.

Because the individual client record is a pre-requisite to almost any evaluation effort, whether it is client-focused evaluation or a program or systems assessment, a considerable amount of effort was directed to this area. An individual client record document was developed by a committee of Central Office and Regional Department staff and representatives of the community provider agencies. The document is intended to provide both Department and community staff with a guide in the development, evaluation and modification of an individual client record system.

Regional staff have been involved in the statewide efforts and additionally have supplemented these efforts with activity at the regional level.



## 2. Regional Reports

### REGION 1A

Goal 1: Assist in the development of a utilization review component within one alcoholism program, with the exception of the FY 77 pilot project, within the community in one of the planning areas in the Region.

Objective 1: Select the program/agency during the first quarter of FY 78. This program should be a program that is developed and interested in participating.

Activity 1a: Continued meetings with the selected program-agency to establish criteria and procedures for utilization review.

Comment: Because of the need to continue the FY 77 pilot utilization review component project into and during FY 78, there were no additional projects selected within the Region or on a statewide basis.

Objective 2: Provide training to the staff on the utilization process during the second and third quarter of the fiscal year.

Activity 2a: Training provided to staff at a facility outside of the agency.

Activity 2b: Assist in providing in-service training.

Activity 2c: Continual monitoring and assessment of the training.

Comment: See comment; Objective 1.

Objective 3: Fourth Quarter. Implement the utilization review process within the agency.

Activity 3a: Monitor and evaluate the utilization.

Comment: See comment; Objective 1.

### REGION 1B

Goal 1: To develop quality assurance among all alcoholism treatment programs throughout the region.

Objective 1: In FY 78 develop a methodology and incorporate that methodology in monitoring of alcoholism programs to provide quality assurance.

Accomplished	In Process	Not Accomplished
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X

X

X

X

X

X

X

X

X

		Accomplished	In Process	Not Accomplished
Activity 1a:	Train appropriate regional staff in the area of utilization review contingent upon a methodology being developed to appropriately assess the programming specific to alcoholism.	X		
Activity 1b:	Consult with community agencies in developing review procedures.	X		
Activity 1c:	Implement review procedures on a program-by-type basis region-wide.	X		
Comments:	Alcoholism agencies have developed peer review procedures of medical records in different formats. As these different peer review formats interface with each other, a more uniform procedure will emerge. JCAH audit procedures have been instituted in those agencies with or near accreditation. The training package regarding client records which was developed by the Quality Assurance Committee in addition to the "Client Record Guidelines" should encourage more development in this area in FY 79 and FY 80.			

## REGION 2

Goal 1: Based on the information obtained in pilot UR projects conducted in selected hospitals during FY 77, UR pilot projects will be conducted in non-hospital programs in FY 78.

Objective 1:	Select and establish UR pilot projects on three different program categories.		X	
Activity 1a:	Conduct Pilot UR project in a selected out-patient program.		X	
Activity 1b:	Conduct Pilot UR project in a selected halfway house program.			X
Activity 1c:	Conduct Pilot UR project in a selected residential rehab program.			X
Activity 1d:	Conduct Pilot UR project in a selected detoxication program.		X	
Time-Frame:	Activities 1a and 1d begun in first quarter and reports completed in third.  Activities 1b and 1c begun in third quarter and reports completed in fourth.			
Comments:	There were meetings with Northwestern University, Institute of Psychiatry regarding			

the social setting detoxication program as a site for utilization review. Outside consultation was explored to offer the agency the best possible basis from which to design and implement a utilization review. This identical procedure was carried out with Martha Washington Hospital outpatient program. These activities will extend into FY 79, with the completion date projected for the third quarter of FY 79.

It was determined that time did not allow for negotiating utilization reviews in either a halfway house or residential rehabilitation program in Region 2.

### REGION 3A

Goal 1: Establish utilization review concepts within the Region's community-based agencies.

Objective 1: Establish the procedures for the planning and development of utilization review within all Region 3A alcoholism programs for full implementation during FY 79.

Activity 1a: Meet with community agencies to establish criteria and procedures for utilization review, by the end of the first quarter.

Activity 1b: Conduct extensive training in the necessary components of UR with all agency staff by the end of the third quarter.

Activity 1c: Monitor the evolving implementation of these programs by the end of the fourth quarter.

Comments: The three councils in Region 3A, the Sangamon-Menard Alcoholism and Drugs Council, the Jacksonville Area Council on Alcoholism, and the Western Illinois Council on Alcoholism, have each established Utilization Review Committees and procedures and the Mental Health Authority for West Central Illinois began piloting a peer review system for its affiliates, including W.I.C.A. The Region Alcoholism Office encouraged the development of these systems and monitored them during monthly site visits, though lack of local expert resources inhibited a concerted Regional training effort in this effort.

### REGION 3B

Goal 1: To refine and augment existing evaluation tools.



		Accomplished	In Process	Not Accomplished
Objective 1:	Develop Utilization Review in each of the Region's social-setting detoxication units, FY 79.		X	
Activity 1a:	Develop training/consultation package with the participation of agency personnel. Second Quarter, FY 78.		X	
Activity 1b:	Evaluate and reorganize utilization material as required.			X
Comments:	Utilization Review in the social setting detoxication programs was in various stages of implementation at the end of FY 78, with one agency having a very sophisticated and successful program, three agencies with most elements of UR in place, and one agency preparing to implement. A Regional Utilization Task Force (consisting of staff from provider agencies, subregion offices and the RAC) was established in early FY 79, partially to assess in greater detail the UR procedures and to consider expanding the process to other programs. Consequently, discussion with the agencies is still in process and will be addressed in the training package being prepared by the Division. Reorganization of the training material will be contingent upon the availability of training resources.			

#### REGION 4

Goal 1: To introduce the utilization review concept into the region.

Objective 1:	A select program will have implemented a utilization review component by the end of the fourth quarter.	X		
Activity 1a:	Establish set of criteria for utilization review.	X		
Activity 1b:	Provide adequate staff training.		X	
Activity 1c:	Hold monthly evaluation sessions with staff.	X		
Comments:	The Client Care Review Committee was established to evaluate client care records and treatment plans in an effort to continually improve client care and staff development, to provide a measurement of the care given and to aid staff in the identification of specific quality deficiencies. Staff training given relates to the audit criteria sheet			

orientation continued review along with in-service training.

## REGION 5

Goal 1: Initiate the quality assurance process within the Regional Alcoholism Program community service network.

Objective 1: Implement utilization review process in one alcoholism program in FY 78.

Activity 1a: Identify the alcoholism program that is sufficiently developed and interested in participating.

Activity 1b: Assist the program and the community-based representatives who will implement the utilization review through the process.

Activity 1c: Monitor and evaluate the quality assurance process.

Comments: Activity 1a: Jefferson County Comprehensive Services, Incorporated, was identified as the agency sufficiently developed and interested in participating in the utilization review process. However because of the limited resources and expertise of the agency and the Region, outside assistance is necessary to implement the process. During the next fiscal year the training needs of the agency and Region will be included in the Regional Training Plan, identifying the resources that will be utilized. The areas of training would be directed at the practical application of Quality Assurance and Utilization Review Methods within alcoholism programs.

Accomplished	In Process	Not Accomplished
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		X
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X		
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		X
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E. Program Accreditation Effort: Joint Commission on Accreditation of Hospitals

### 1. Overview

Since FY 76 DMHDD has required Grantee agencies to sign a Grant Agreement as a contract for the provision of services (See Appendix 6). The FY 78 Grant Agreement had an Alcoholism Addendum attached for all agencies receiving specific alcoholism treatment funds. One section of the addendum stated: "The Grantee shall submit to designated Region staff evidence of the accreditation of its alcoholism programs; to insure continued progress toward accreditation of all non-accredited programs, the Grantee shall submit a written plan, or a written update of the previously submitted plan, directed toward JCAH accreditation, developed with assistance from designated Region staff

for approval by the Grantor. This plan shall be submitted by September 30, 1977 for all programs that were operated during all of FY 77. Grantees operating alcoholism programs that operated during only part of FY 77 or which are new in FY 78 shall submit this plan by January 1, 1978, or after the program has been in operation for six months, whichever is longer."

The Division of Alcoholism has continued to encourage and assist agencies to move toward accreditation by arranging for discussions of accreditation at statewide conferences and providing both individual agency and several multiple agency consultations during June of 1978.

Throughout the year the Regional Alcoholism Coordinators continue to provide consultation and encouragement to agencies to meet the grant requirements. Discussions center around schedules and program development during the time of budget preparation and self-evaluation at the end of the year. Since the Regional Alcoholism Coordinators have DMHDD monitoring responsibilities related to licensure of alcohol treatment programs, they have the responsibility of tying both areas together. Ten alcoholism grantee agencies had achieved accreditation at the end of this fiscal year.

## 2. Regional Reports

### REGION 1A

Goal 1: Encourage and assist all programs in JCAH accreditation standards.

Objective 1: Throughout the year provide consultation to the agencies within the Region concerning JCAH alcoholism accreditation when requested.

Activity 1a: Continue to provide, upon request, follow-up meetings to agencies within the Region on the JCAH standards.

Activity 1b: Provide for additional training/assistance if changes occur in the process, procedure, or standards.

Activity 1c: Attend accreditation site visits upon request from the agency.

Activity 1d: Provide, upon request, resource and information material concerning agencies who have applied for accreditation to JCAH.

Comment: A minimal amount of consultation and information was provided to community agencies upon request. This was basically centered around the development and/or updating of

Accomplished	In Process	Not Accomplished
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accreditation plans as required by DMHDD/  
Division of Alcoholism. No significant  
changes occurred and no site visits were  
scheduled during the fiscal year.

#### REGION 1B

Goal 1: Develop a region-wide policy with respect to the  
accreditation of alcoholism programs within the  
context of the community mental health model.

Objective 1: To implement the region-wide policy on JCAH  
accreditation by FY 79.

Activity 1a: Continue to support and consult with agencies  
in the ongoing development of procedures and  
practices directed toward eventual accredita-  
tion.

Activity 1b: Assess on a program-by-program basis through-  
out the region the progress of each agency  
toward meeting JCAH accreditation.

Activity 1c: Continually evaluate the ongoing evolution of  
JCAH accrediting policies with special  
attention to the generalized approach in  
evaluating total community mental health  
networks in order to advise agencies on how  
best to proceed.

Comments: The region continues to support JCAH  
accreditation as a benchmark of quality care  
for alcoholism services. The region supports  
the providers' efforts through technical  
assistance, encouragement, and annual plans of  
how the providers are going to adhere to JCAH  
standards for levels of services. Presently  
the region has one fully JCAH-accredited  
alcoholism service provider in the Rock Island  
Planning Area. In addition, one service  
provider (Fulton and McDonough Planning Area)  
who is part of a community mental health  
center was also accredited during FY 78.

#### REGION 2

Goal 1: Multi-fold (minimum two-fold) increase in number of  
JCAH accredited alcoholism programs in Region 2.

Objective 1: Increase the number of private sector accredi-  
ted programs from 3 to 6.

Activity 1a: Contact private programs and offer consul-  
tation .

Accomplished	In Process	Not Accomplished
		X
X		
X		
X		
		X
	X	

		Accomplished	In Process	Not Accomplished
Time-Frame:	One program additional in each quarter.			
Comments:	There were two additional private sector programs accredited in FY 78. With few exceptions, the issue of JCAH accreditation had been reviewed by all agencies during FY 78 with formal plans to apply during FY 79.			
Objective 2:	Increase from 1 to 6 the number of public sector programs completing accreditation.			X
Time-Frame:	One per quarter.			
Comment:	With the recent re-organization of JCAH and the current emphasis on survey of hospital-based programs, it is difficult to project the level of activity in that agency next fiscal year. By third quarter of FY 77 there were still only four accredited programs in Region 2.			
	There were four public sector programs surveyed and fully accredited during the course of FY 78.			
Objective 3:	Evaluate progress in implementation of grant agencies in achieving accreditation.	X		
Activity 3a:	Review existing plan.	X		
Activity 3b:	Meet with agency/networks and prepare revised plans.		X	
Activity 3c:	Monitor progress.	X		
Time-Frame:	Activity 3a to be completed by end of first quarter.			
	Activity 3b to be completed by end of second quarter.			
	Activity 3c to be completed throughout FY 78.			
Comments:	Subregions submit status of accreditation plans annually to the Region, which in turn recommends to the Division Office on the adequacy of these plans.			
	At the close of FY 78 Region 2 had 19% of its alcoholism agencies accredited. These include two agencies licensed under one year accreditation and four agencies licensed under two year accreditation. Among the non-accredited agencies (29), there is a wide range of readiness and preparation for the			

survey. Five (17%) do not have a copy of the Accreditation Manual for Alcoholism Programs and seventeen (58%) have either not provided training for their staff or have not sought consultation regarding the JCAH guidelines. Ten (34%) will be applying in FY 79, three (10%) in FY 80, and fourteen (48%) have not specified time frames.

A few agencies have cited lack of funding to pay for survey costs or needed clerical support staff as reasons for postponing the survey.

## REGION 3A

Goal 1: The Regional Alcoholism Office will review all agency plans for JCAH accreditation by community-based alcoholism programs.

Objective 1:	In accordance with Departmental policies, Regional Alcoholism staff will provide educational support and consultation to all agencies requesting it.	X
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Activity 1a:	Encourage all agencies to apply and prepare for accreditation.	X
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Activity 1b:	Meet with agency staff to clarify objectives and procedures.	X
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Activity 1c:	Review and evaluate agency plans for application for accreditation surveys.	X
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Comments: All 11 agencies with alcoholism programs in the Region were encouraged to prepare for accreditation; individual meetings were held with several of these agencies. Educational support and consultation was provided during the site visit process by Regional staff. Agency plans showed a commitment to strive towards accreditation-quality services, though the process has been slow. Of the three alcoholism councils within the Region, the Jacksonville Area Council on Alcoholism has been accredited for two years; the Sangamon-Menard Alcoholism and Drugs Council and the Western Illinois Council on Alcoholism are in the process of preparing for application. The eight mental health centers were awaiting implementation of JCAH Community Mental Health standards.



## REGION 3B

Goal 1: To encourage all agencies, even those which have been surveyed, to continue to evaluate, plan and document progress toward self-survey.

Objective 1: To review agency plans for JCAH accreditation of all funded alcoholism programs in the Region. X

Activity 1a: Assure that each agency will immediately apply or reapply for a JCAH accreditation survey according to their approved plan. X

[The critical need here is to balance and properly schedule the relative costs to the agency of JCAH Accreditation with those of State licensure. For example, it would be inadvisable for an agency to commit resources to the successful achievement of JCAH Accreditation, only to learn later that one's facility cannot meet State licensure standards without substantial capital development or remodeling funds that may not be available. While these license decisions will be known in FY 78, they are not known now. With this important caveat, prudent planning toward the achievement of JCAH Accreditation will be vigorously pursued.]

Comments: With the exception of one agency, all the Region's alcoholism programs achieved one year accreditation, but some lost accreditation on resurvey, and other agency boards decided they would not seek resurvey at this time, since the agency's ability to obtain income from other sources had not been enhanced. Project Lighthouse/McLean County Alcohol and Drug Assistance, Inc., in Bloomington, the one original group to be accredited has now achieved a two-year accreditation status.

Most agencies have been surveyed at least once, so documentation needed for accreditation has been done and continues to be updated. These are, however, growing concerns among providers and other important community groups over the changes proposed by JCAH for its alcoholism treatment standards, specifically over their relevance for social rehabilitation programs.

Accomplished  
In Process  
Not  
Accomplished

#### REGION 4

Goal 1: In accordance with DMH policy, educational support and consultation on accreditation will be provided agencies requesting help.

Objective 1: All programs will be required to demonstrate appropriate planning for JCAH accreditation.

Activity 1a: Assist and encourage agencies in preparing to meet objectives.

Activity 1b: Assist and encourage local board and funding agencies to understand process and procedures.

Comments: This objective was accomplished. All programs in the Region have developed a plan and are either accredited or working toward accreditation.

There are two agencies in the region accredited for two years. They are located in Planning Areas 70402 and 70201 respectively.

Two agencies are working toward accreditation in Planning Areas 70101 and 70504 respectively. Assistance, in the form of consultation is being provided to community agencies upon request.

#### REGION 5

Goal 1: Encourage and assist all programs in meeting JCAH accreditation standards.

Objective 1: Complete review of client record requirements.

Activity 1a: Develop a committee with representation of Department and local agencies for record requirement review.

Activity 1b: Develop a format for client records that will meet JCAH accreditation standards.

Activity 1c: Introduce records format to all treatment programs for implementation.

Comments: Because the agencies in Region 5 are multi-service in nature, problems exist regarding differences in M.I. and Alcoholism standards and the Department's flexibility as to the degree alcoholism program accreditation is required in a multi-service agency setting. To accomplish Objective 1 a joint Region-wide Accreditation Committee, consisting of four

Accomplished  
In Process  
Not  
Accomplished

Department of Mental Health and five community agency staffs, were selected and charged to develop client records that meet requirements for both M.I. and Alcoholism JCAH accreditation. When this task was accomplished a Region-wide meeting was held with personnel being present from M.I. and Alcoholism agencies. A records packet, which was approved by this group, was reproduced and given to each agency. No formalized training has been given to these agencies, but Subregion personnel are working with agencies on their records.

Objective 2:	Complete review of management requirements.		X
Activity 2a:	Identify in brief form the policy requirements in JCAH and Illinois Licensure Act.	X	
Activity 2b:	Introduce them to Accreditation Committee.	X	
Activity 2c:	Assist agencies in developing policy to meet these requirements.	X	
Comments:	<p>Activity 2a: This activity was accomplished by the development of an Outline and Cross Reference for Accreditation by JCAH and Alcoholism Program Licensing by the Illinois Department of Public Health by a Regional staff member. (A copy of this is on file in the Regional Office.)</p> <p>Activity 2b: This activity was then accomplished when the Accreditation Committee accepted the Outline that was developed.</p> <p>Activity 2c: This activity is an ongoing process that is performed on a monthly basis as monthly on-site visits are made by Sub-region monitors.</p>		

## F. Programming for Youth

### 1. Overview

The Division, in pursuing concerns expressed in the FY 78-80 State Alcoholism Plan regarding effective programming for youth, began a steady increase in the level of planning commitment and activities directed toward youth issues.

The Division encouraged and participated with the member agencies of the IDCC in the continued study of the problems associated with the requirement of parental consent for the treatment of youth for alcohol related problems. Although the issue has not been legislatively resolved, the Division believes that consensus and eventual resolution is closer



than in FY 77. The principle groups, the ISMS and the Illinois Commission on Children voted to support the right of youth to consent to treatment.

Stimulated by data and information supplied by the Division relative to the treatment of minors in the Social Setting Detox Programs, the Illinois Commission on Children convened a special Task Force for the purpose of studying the need for treatment standards for programs providing services to youth with alcohol problems. The Division is providing input into that effort through its direct participation on that Task Force.

The Division encouraged and supported other Agencies of State Government via contracts funded from the Special Implementation Grant to the State to develop training programs directed toward the early identification and appropriate referral of youth with alcohol related problems. These efforts are described in detail in the Division's Annual Report to NIAAA on the Special Implementation Project Grant which is available for review in the Division Offices in Chicago and Springfield and in the Regional Alcoholism Offices. It is expected that these projects will serve as models for development of other programs.

The Division via contract from the Special Federal Implementation Grant, funded the Rockford Board of Education Rockford, Illinois for the development of a youth program utilizing the coordinated resources of many of the community's existing youth serving agencies and organizations. This project identified many problems inherent in a coordinated, multi-agency/organization delivery system and it is expected that with further development it will prove to be an effective model for review by other communities in the state. The Rockford Youth project is reported in detail in the Region 1A Report of this section.

Finally, the Division initiated discussions with the Dangerous Drugs Commission regarding youth programs and those discussions resulted in the formation of the Division of Alcoholism/DDC Joint Task Force on Prevention. The Joint Task Force on Prevention was charged with the responsibility of assessing the current state of the art for prevention programs and determining a State Strategy for the development of Prevention Programs on alcohol and substance abuse. A more detailed report on the activities of the Joint Task Force on Prevention is included in Section G. Prevention, later in this report.

The Division will become more active during FY 79 in the area of Youth Programs. The renewed activity of the Youth Committee of the Citizens Advisory Council, the continued activity of the Special Task Force of the Illinois Commission on Children, and the completed activities of the Division of Alcoholism/DDC Prevention Task Force expected later this year will provide significant input to the

Division in these efforts.

## 2. Regional Reports

### REGION 1A

Goal 1: Develop a multi-agency committee in one of the highest populated planning areas in the Region that deals with the issue of youth and alcohol.

Objective 1: Select a task force to develop such a program in the first quarter. X

Activity 1a: Invite all projected multi-agency participants X

Comment: Objective was actually accomplished in last quarter of fiscal year 1977. The multi-agency committee was made up of members from the Rockford Public School District; Winnebago County Court Services, Department of Children and Family Services, DMHDD, Winnebago County Judicial System, and alcoholism service provider agencies within the planning area.

Objective 2: During the second quarter identify with precision the extent of the youth and alcohol problems within the community. X

Activity 2a: Do a survey of the problem that was designed by all multi-agency participants. X

Comment: There was not one single uniform survey document designed that each of the agencies would agree to use; although there was work done and the development of individual data collecting instruments that were usable in each of the participating agencies organizational structures.

Objective 3: Third Quarter. Development of model for a community delivery system for youth. X

Activity 3a: Research the literature. X

Activity 3b: Analyze the survey results. X

Comment: This objective has become the objective of the third and last year of the pilot project. Estimated date of completion is third quarter of the final year of the project.

Objective 4: Third and Fourth Quarter. Address the community attitude toward drinking through public education. X

		Accomplished	In Process	Not Accomplished
Activity 4a:	Public service announcements and public information material.			X
Comment:	This is a continual objective of the project and will carry over into fiscal year 1979 and the third and last year of the pilot project. The public service announcements and informational material will be scheduled to be made available during the latter part of the third quarter and the entire fourth quarter of fiscal year 1979.			
Objective 5:	Develop and carry out an education process of the program on a monthly basis.	X		
Activity 5a:	Have multi-agency group submit monthly progress reports.		X	
Activity 5b:	Attend multi-agency meetings.	X		
Comment:	Training was in concert with the Swedish American Hospital in Rockford and attendance at all nine meetings was achieved by each of the multi-agency participants or their designated staff. Progress reports are submitted on a quarterly basis.			
<u>REGION 1B</u>				
<u>Goal 1:</u>	Give increased attention to education and prevention among youth groups.			
Objective 1:	To facilitate the development of linkage between community alcoholism resources and educational institutions and youth groups during FY 78.		X	
Activity 1a:	Provide consultation to the school districts in the region both directly through the regional office as well as through agencies funded for Outreach and Information programs.		X	
Activity 1b:	Focus increased attention on training of alcoholism personnel in dealing with the youthful abuser of alcohol.		X	
Comments:	Individual agencies have responded in their local areas to the increased demands for services to youth. More clients at a younger age are being seen; however, most of these clients are best thought of as polydrug abusers. The Regional Office hired an Assistant Regional Alcoholism Coordinator who has expertise in the area of youth, and he has been involved with local school districts			

74.



juvenile courts and other child welfare agencies. The Regional Office has done some preliminary assessment of needs regarding youth. A conscientious effort was initiated to have agencies identify staff who have expertise in both areas of youth and alcoholism so that a network of services could be developed at a later date.

## REGION 2

Goal 1: Documentation of the need for youth services in alcohol abuse and alcoholism in Region 2.

Objective 1: Obtain data from private sector.

Activity 1a: Survey youth programs and adolescent psychiatric services for exact count on clients with diagnosed alcohol problem.

Time-Frame: Begin in FY 77 and complete by second quarter in FY 78.

Comments: Although Community Area Network (CAN) meetings are ongoing, a decision regarding the methodology to conduct a survey of youth programs and adolescent alcoholism service needs has not been made. Hence, data on adolescent alcoholism services was not reliably gathered through the community networks, but instead through the Division of Information System. Private sector programs were determined to be too few and scattered to present an accurate assessment of need.

Objective 2: Begin specialized youth project in Region 2.

Activity 2a: Meet with CAN and establish plan and timetable for program.

Activity 2b: Provide technical assistance to network/applicant.

Activity 2c: Evaluate proposal and make funding recommendation.

Activity 2d: Establish positive license status.

Activity 2e: Establish direct service.

Time-Frame: Activities 2a through 2c to be completed by the end of FY 77.

Activities 2d and 2e to be completed by the

Accomplished	In Process	Not Accomplished
	X	
		X
X		
	X	
	X	
	X	
		X
		X

		Accomplished	In Process	Not Accomplished
	end of the first quarter, FY 78.			
Comment:	Planning and budget preparations for two youth projects were undertaken in FY 78, with the commencement of services in the fourth quarter. Comprehensive Health Planning of Metropolitan Chicago provided an education program for grades K-8 testing two models of instruction for a limited three month period; this program did not require licensing. The final report on the results of this project was completed during the second quarter of FY 79. An outreach and outpatient program for adolescents was started by Comprand, Inc. during the fourth quarter of FY 78 for a three year period; direct services did not begin in FY 78 because the licensing process was not completed.			
Objective 3:	Identify interim service-gap providers for each CAN.		X	
Activity 3a:	Conduct joint meeting in each CAN with alcohol and youth agencies.		X	
Activity 3b:	Formulate exchange of service agreements; these will usually be in the form of case consultation.	X		
Activity 3c:	Using data obtained in Objective 1 through 3, prepare formal recommendation on service needs for FY 78.			X
Time-Frame:	Activities 3a through 3c to be completed by the end of first quarter, FY 78.			
Comments:	<p>Programming for youth was a high priority in FY 78 and will continue in FY 79. Case consultation is provided through the Sub-region staff team. There was difficulty in identifying interim service-gap providers for each community area network because of a reluctance to take on an additional caseload. In addition, agencies were reluctant to participate in formal service agreements, but did exchange services on an informal basis.</p> <p>Activity 3b is specific to the Comprand Project.</p> <p>Activity 3c was dependent on the accomplishment of objectives 1-3.</p>			

### REGION 3A

Goal 1: Survey service needs for young alcoholics and alcohol abusers for anticipated program implementation in FY 79.

Objective 1: Assess area needs by subregion and evaluate the potential for such services.

Activity 1a: Meet with community agencies, law enforcement personnel, children's service agencies to collect incidence data by the end of the second quarter of 1978.

Activity 1b: Develop plans with community agencies for grant application submission for youth programs by the end of the third quarter of FY 78.

Comments: Lack of resources inhibited major movement towards this goal during most of the fiscal year though much interest was expressed in this area. However, in June a major application for NIAAA funding was prepared for July submission by the Springfield Youth Service Bureau for an intensive outreach program for young alcohol users and abusers.

### REGION 3B

Goal 1: To expand existing youth alcoholism services.

Objective 1: Develop alcoholism services utilizing coordination between existing children's services and alcoholism programs.

Activity 1a: Region-wide work-participation sessions with outside resources. First and Second Quarters, FY 78.

Activity 1b: Determine format of services by planning areas. Third and Fourth Quarters, FY 78.

Activity 1c: Determine what service linkages need to be established between Department of Children and Family Services, local grant-in-aid funded children's programs, schools and alcoholism service providers. Fourth Quarter, FY 78.

Comments: Agencies utilizing local funds to address this area. The Region does not have resources to address this goal. Two work-participation sessions were held by individual agencies with local funds and with region-wide agency

Accomplished	In Process	Not Accomplished
	X	
	X	
		X
	X	
	X	
	X	



staff attendance. Agency assessment of service linkage needs proceeds with limited progress across Planning Areas, strongest in Planning Area 3B-04-04.

#### REGION 4

Goal 1: To expand present services to youth.

Objective 1: To increase the number of clients served by the programs that already exist.

Activity 1a: Increase the public awareness of the program.

Activity 1b: Strengthen the referral system with other services.

Activity 1c: Demonstrate an increase by the end of the third quarter of FY 78.

Activity 1d: Monitor and evaluate.

Comments: Progress is being made to increase the number of youths being served. Several obstacles however, must be removed; such as inter-department jurisdiction, age group to be served and developing a better system to capture the service already being rendered.

Agency estimates are that there was an increase approximately 30%, in services to youth in Planning Area 40504. Monitoring is done through monthly site visits. The referral system is being strengthened through improved interagency cooperation.

Major findings suggests the need for funding across problem areas to multi-problem programs for youth.

Goal 2: To expand the services to youth to other planning areas.

Objective 1: To encourage specialized services for youth in at least two additional planning areas.

Activity 1a: Strengthen the focus on the problems among youth.

Activity 1b: Provide consultation to schools and other youth groups and agencies.

Activity 1c: Identify special needs.

Activity 1d: Develop timetable to implement program.

Accomplished	In Process	Not Accomplished
	X	
	X	
	X	
X		
		X
	X	
	X	
		X
		X

Comments: This is in the process of being attained through a multi-agency social service group in Planning Area 70402 and a combined alcohol and substance abuse group in Planning Area 70504.

The alcohol agency service providers in the aforementioned planning areas provide consultation to the schools in their areas. The projected time table is second quarter of FY 80.

## REGION 5

Goal 1: Encourage and assist community programs, allied agencies, and the community at large in identifying and meeting the needs of the youth in Region 5.

Objective 1: Develop and implement a need identification process by the end of FY 78.

Activity 1a: Contact all youth service bureaus and all agencies.

Activity 1b: Publicize community at large the concern for youth who may be at high risk level.

Activity 1c: Develop a Youth-Concern Task Force.

Activity 1d: Work closely with Youth-Concern Task Force in assisting in the problem identification and resource development process.

Activity 1e: Elicit support of Illinois Office of Education in conducting survey of the extent and nature of education programs in all public schools relative to problems of alcohol and alcohol abuse.

Comments: Concentration has been on developing training for junior high and high school health education teachers to be implemented in FY 79. Activities 1a thru 1d were not accomplished due to efforts involved in accomplishing Activity 1e through which contacts have been made concerning youth on an informal basis. Activities 1a and 1d will be pursued during FY 79.

## G. Programming for Women

### 1. Overview

During FY 78 the Division of Alcoholism placed high priority

on activities related to women. The Committee on Women of the Citizens Advisory Council on Alcoholism planned, developed, and conducted a Conference on Women on November 30 - December 1, 1977. The Division staffed and financially supported the Conference which was attended by 135 people. The purpose of the Conference was to provide information and training, provide the opportunity for participants to share their ideas with each other and to give the Division recommendations for future planning through the Advisory Council Committee on Women. The Conference was an outstanding success and the many and far reaching recommendations are being considered by the Committee.

The Division funded two Special Implementation Demonstration Projects for women's outpatient programs. One program in Springfield started in April of 1977 and the other in Alton started in July, 1977. The Division is supporting these programs to stimulate the development of new approaches to identifying and treating women, especially the hidden woman alcoholic. The first evaluations are completed and are on file in the Region and Division Offices.

The Regional Alcoholism Coordinators provide consultation and encouragement to all alcoholism treatment programs and other community resources for the development of services for women.

## 2. Regional Reports

### REGION 1A

Goal 1: Expand the existing women's programs within the Region.

Objective 1: Provide for the continuation of existing female alcohol programs throughout the entire year.

X

Activity 1a: Assist in model development to aid in program expansion.

X

Activity 1b: Consult with agency on information derived from monitoring and site visits of existing programs.

X

Comment: Specialized residential rehabilitation services to women were maintained in Planning Area 10200. Reference, A. Standard Treatment Programs, Goal 1, Objective 2 and 3.

Objective 2: Continually monitor and evaluate the program on a monthly basis.

X

Comment: This was accomplished through our monthly



	Accomplished	In Process	Not Accomplished
monitoring process of programs in the Region. The monitoring process indicated that there was a need to maintain the current level of services to the female alcoholic.			
<u>REGION 1B</u>			
<u>Goal 1:</u> Work toward the further development of appropriate women's programs.			
Objective 1: To provide an explicit action plan for appropriate programming for women in FY 78.		X	
Activity 1a: Assess needs of region for women's programs.	X		
Activity 1b: Continue to stress early identification and intervention.	X		
Activity 1c: Cooperation in the development of a pilot program for halfway or intermediate care for women contingent upon the availability of funds.	X		
Comments: One Halfway House, under the auspices of the Rock Island County Council on Alcoholism, was opened in the region for women. Service statistics would indicate that women are becoming a larger percentage of persons served in those programs which can accommodate them. The Regional Action Plan is emerging as local agencies respond to the needs of persons applying for services.			
<u>REGION 2</u>			
<u>Goal 1:</u> Increase participation by women in CAN.			
Objective 1: Expand the number of halfway house beds for women.		X	
Activity 1a: Meet with CAN and establish plan and timetable for program.	X		
Activity 1b: Provide technical assistance to network/applicant.		X	
Activity 1c: Evaluate proposal and make funding recommendation.			X
Activity 1d: Establish licensure status.			X
Activity 1e: Establish direct service.			X
Activity 1f: Initiate standard grant monitoring procedures.			X

	Accomplished	In Process	Not Accomplished
Time-Frame: Activities 1a through 1c to be completed by the end of FY 77.			
Activities 1d through 1f to be completed by the end of first quarter FY 78.			
Comments: While the Region negotiated for the expansion of women's halfway house beds and provided technical assistance consultation toward that objective, the agencies developing halfway house programs, because of their experience and preference, set a priority for male beds.			
Relates to 1a: The establishment of a plan involved the discussion of current halfway house beds for women, their utilization, and the projected need for additional beds. The timetable was determined by the members of the community area networks, considering issues such as community support, financial resources, and demonstration of need. Based on this evaluation, it was projected to add about 6 female halfway house beds in the southern portion of Region 2 by the third quarter of FY 79.			
Relates to 1b: Technical assistance was provided by the subregion and Region staff within Region 2.			
Relates to 1f: When a grant is awarded, it is the responsibility of the subregion to meet with the grantee on a regular basis, review their client services, and offer technical assistance.			
Objective 2: Study ways to improve utilization.		X	
Activity 2a: Form a women's task force from CAN.			X
Activity 2b: Survey current utilization in all sectors for the period of first quarter.			X
Activity 2c: Recommend alternatives in outreach and program planning for use in priority setting for FY 79.		X	
Time-Frame: Activity 2a to be completed before the end of FY 77.			
Activity 2b to be completed at the end of the first quarter.			
Activity 2c to be completed during second quarter FY 78.			

		Accomplished	In Process	Not Accomplished
Comments:	FY 78 goals for programming for women will revolve primarily around outreach activities in existing programs particularly those with family service settings as opposed to institutional settings. Our highest priority for new programs is in the area of halfway house within that priority. Among the highest placed programs will be the funding of a halfway house for women previously clinically approved by the region. We will continue to explore alternatives to concepts of care (overly determined by the service needs of the chronically relapsing male alcoholic) such as the program called Women For Sobriety.			
Comment:	Relates to 2a: The State voluntary association has a Women's Task Force in Region 2 to address the utilization of services for women. Region 2 maintains a priority for planning women's programs.			
	Relates to 2c: The recommended alternatives in outreach and program planning for use on priority setting was completed during the third quarter FY 78. These recommendations are being developed through the exploration of various funding resources to enable such programs to begin.			
<u>REGION 3A</u>				
<u>Goal 1:</u>	Explore and develop program options for women alcoholics within the Region.			
Objective 1:	Continue development for pilot project services for women in the East Subregion for potential FY 79 funding and implementation.	X		
Activity 1a:	Discuss program, staffing, and funding development with East Subregion community representatives by the end of the second quarter.	X		
Activity 1b:	Encourage and assist in the development of a project grant proposal by the end of the second quarter.	X		
Comments:	With the special implementation funding of McCambridge House in Springfield for women, considerable interest was generated throughout the Region in providing services for women alcoholics. In addition to McCambridge House (annual report available for review in Division Springfield and Chicago offices, as			



well as the Region 3A office), the Cass County Mental Health Center using local funds added a part time counselor specifically to deal with female alcoholics there. Additionally, interest was expressed in Brown and Pike Counties for such programming though available funding prohibited development and implementation during this fiscal year.

#### REGION 3B

Goal 1: To expand existing alcoholism services for women.

Ojbective 1: Determine what additional services or changes in services are needed by this group to be done at the request of each planning area community and provider groups. FY 78.

Activity 1a: Region-wide work-participation sessions with outside resources funded from Region alcoholism community development funds, with particular emphasis on the needs of women with young children. First and Second Quarters, FY 78.

Activity 1b: On a request basis have each of the women receive individual consultation and evaluation from outside expert consultants. To be completed during FY 78.

Comments: The Division Conference on Women and Alcohol was helpful here in stimulating provider groups interest, but this interest and funding (for both providers and communities) were involved, of necessity, primarily in bringing up to State Fire Code Standards the facilities that housed residential and detox programs that provided women's services. Although there was interest in Region-wide work-participation sessions with outside resources and consultation to the programs, the funding was not available. Project Lighthouse, using a combination of local funds and fees, did bring in an outside consultant for two workshops which touched on the special problems of women alcoholics, but the central thrust of the workshops were around occupational programming. Although primarily for local industry and agencies, staff from provider agencies region-wide attended.

#### REGION 4

Goal 1: To expand present services to women.

Accomplished	In Process	Not Accomplished
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X

X

X

		Accomplished	In Process	Not Accomplished
Objective 1:	To increase services to women and provide additional after-care programs.		X	
Activity 1a:	Stress on early intervention.	X		
Activity 1b:	Strengthen the referral system.	X		
activity 1c:	Increase the number of women receiving services by the end of the third quarter of FY 78.		X	
Activity 1d:	Hold evaluation sessions with staff and community representatives.	X		
Comments:	<p>Women's services in the Region have increased by 50%. Ongoing planning and program development should further expand and extend services as needs are identified.</p> <p>Early intervention has been stressed through an expanded outreach program. The referral system was strengthened through increased agency contacts. Participants in the evaluation were clients, staff, board members and volunteers. This agency is in Planning Area 70101.</p>			
<u>Goal 2:</u>	To expand the services to women in other planning areas.			
Objective 1:	To provide specialized services for women in at least two additional planning areas.		X	
Activity 1a:	Focus on special problems of women.	X		
Activity 1b:	Stress on early intervention.	X		
Activity 1c:	Identify special needs.	X		
Activity 1d:	Develop timetable to implement program.		X	
Comments:	This program is in Planning Area 70101. The tentative timetable is by the end of the third quarter of FY 80.			
<u>REGION 5</u>				
<u>Goal 1:</u>	Develop the capacity of alcoholism programs in Region to identify and address the special needs of women in the Region.			
Objective 1:	Implement a need survey and evalute results during FY 78.			X
Activity 1a:	Contact interested, recovered women alcoholics	X		

		Accomplished	In Process	Not Accomplished
Activity lb:	Identify and contact allied agencies, private organizations, and individuals who provide direct and indirect services and support to women alcoholics and those at high risk.			X
Activity lc:	Mobilize a concern group consisting of consumers and providers who will identify the needs.			X
Activity ld:	Assist concern group in evaluating the identified needs.			X
Activity le:	Integrate evaluated needs into Regional program development process.			X
Activity lf:	Expand appropriate community services to meet specific needs of women alcoholics and their families.			X
Comments:	<p>Although a sample survey was completed by one agency there remains lack of necessary information. This program area requires a great deal more time, effort, and concentration. The task of developing programming to meet the needs of women in Region 5 is extremely difficult because of two factors: Region 5 is in the heart of the Bible Belt, and this culture fosters hiding alcohol problems generally and especially where women are concerned; secondly, the thrust for developing additional programs for specialized populations and adding them to an already over-burdened Regional treatment system whose funding and staffing resources are limited, increases the difficulties in establishing new programs.</p>			



## H. Commitment to Community Planning Participation

### 1. Overview

The Division has been making extensive efforts during this year to increase the amount and type of involvement by the general community in the total planning process. Division staff are working with the Commission on Mental Health and DD and the Commission on Children on a variety of Committees and Task Forces. The provides an exchange of information to the Commissions and into our planning process. Commission members and staff are regularly invited to meet with us and review Division documents.

The Division has begun regular participation in numerous activities related to PL 93-641. The staff is involved in attending SHCC meetings, participating as interagency liaison to SHPDA activities and writing and reviewing needs statements and planning documents. Division staff are technical advisors to SHPDA planning activities. There is a formal member of the SHCC who is also a member of the Citizens Advisory Council on Alcoholism.

The Division has a variety of committees and Task Forces such as the Prevention Task Force and the Alcohol Treatment Health Facilities Plan Committee which have members who represent community groups. As we have approached new areas of program development, we have solicited broad input from citizen and provider groups and individuals.

Public hearings for the development of the State Plan have been scheduled and invitations have been extended to the general public as well as all local and regional funding and planning organizations such as 708, and 553 Boards and HSAs. All draft documents are available for public review and comment. The local and regional planning organizations are beginning to take a more active interest in alcoholism activities, programs and funds; and this development should produce improved planning functions in coming years.

The Regional offices have the most interaction with local and regional groups. However, this varies extensively from one region to another. Some regions have regular monthly planning meetings with community agencies and planning groups.

A variety of methods are utilized in the Regions to obtain community planning participation. These are described in the Regional sections.

### 2. Regional Reports

#### REGION 1A

There were numerous meetings held with the formalized groups within the Region that are mandated to participate in the planning

and funding of mental health services on a county-wide basis. The boards provided planning and funding on a cooperative basis with DMHDD for mental health services within each of their respective counties. The local Health Systems Agency also participated in the review and comment phase of our grant-in-aid process. All of the boards were composed of provider and consumer groups appointed or elected from within each of the counties.

## REGION 1B

Region 1B has initiated a Citizens Advisory Council which will provide an additional level of community input into regional planning. The Advisory Council is expected to begin meeting early in FY 79.

Alcoholism interests continue to be represented on the two HSA's within Region 1B. The Region continued to support participation in civic groups which serve in an advocacy capacity on the local, regional and State level.

The Region continued to support and encourage the development of "708" and "553" Boards with emphasis on the provision of alcoholism services proportional to the magnitude of the needs of the disability group.

Cooperation with AA, Al-Anon, and Al-Ateen remains a priority of the Region.

## REGION 2

The community offers commentary and recommendations at two levels in Region 2. The primary avenue of interchange between the IDMHDD representatives and community members occurs at the sub-region level. In Region 2 there are nine subregions, each separated by specified geographic boundaries. The secondary level of communication available to the community would be with the Region 2 staff.

A primary mechanism that is utilized in obtaining comments and recommendations from community participants is the grant-in-aid review process. The guidelines for grants-in-aid are available to community agencies and community groups and, in many instances, the subregion representatives routinely contact specific community groups and request an evaluation and recommendations of the proposed grant-in-aid request.

During FY 78 the interchange between the IDMHDD and Community Planning/review systems occurred as outlined above. Depending on the level of input and review required, meetings with Health Systems Agencies, 708 Boards, 553 Boards, Illinois Hospital Association/Chicago Hospital Council, Alcoholism Consortia, Alcoholics Anonymous, and Community Mental Health Councils were held as needed with either the Subregion and/or Region participating.

A public meeting for review and comment of the Region 2 Action Plan of the State Plan was held in September, 1977. The comments and recommendations offered by the community organizations and citizens were carefully reviewed and in most instances incorporated in the Region 2 section.

### REGION 3A

The Region 3A Alcoholism Office continued to work closely with the West Central Illinois Health Systems Agency both in serving as a technical advisor to the HSA Plan Development Committee and by providing increasing data as it became available to us throughout the year. The Region 3A Alcoholism Needs Assessment finished in March of 1978 was shared with the HSA and used as a basis for continued collaboration planning.

Input to regional planning was increasingly sought from the regional alcoholism providers, especially through the monthly providers' meetings. The FY 79 State Plan Hearing held in August, 1978 was well attended with 32 people and resulted in specific input used for planning throughout the fiscal year, as well as for the forthcoming fiscal year. The Region 3A administration has also worked collaboratively with the region-wide Coalition of Community Service Providers on a broad range of budgetary and programmatic issues covering all three program areas.

While the Regional Alcoholism Office has not specifically attained a liaison relationship with area AA groups, the largest of the three alcoholism councils has developed particularly helpful cooperative arrangements with the governing committee of the area AA groups with procedures for jointly sharing ideas and suggestions.

The Citizens Advisory Council of Region 3A was still not formally established as of the end of FY 78 though the process was nearing completion for implementation in FY 79.

The continued efforts at South Subregion planning with the three mental health clinics serving that area have as yet not succeeded in establishing area-wide residential services. Independent planning has occurred in two of the three counties however for alternative county-based programs for possible implementation during FY 79.

### REGION 3B

The Regional HSA is still on a provisional status. There is limited representation of DMHDD problem areas on the Planning Area HSA boards, but there has been no provision made by the Regional HSA to allow DMHDD representation on their Regional Board.

Strong citizen involvement and local support of Mental Health/



Alcoholism programs continue.

An important resource for secondary prevention, treatment and supportive continua is Alcoholics Anonymous, Al-Anon and similar related groups.

#### REGION 4

There was essentially a continuation of Region policy which encourages assisting HSA's, 708's and 553 boards and encouraging greater cooperative interaction through planning and sharing information.

Consultation was expanded by approximately 30% to social and civic community groups concerned with services to alcoholics, through the Region Office and funded agencies.

#### REGION 5

Two regional meetings were held during FY 78 with all the community agencies in an attempt to obtain more input from them in long-range planning. We are not satisfied that we have found an effective way to obtain the desired input and commitment to implementing regional goals that result from the planning process.

In development of recommendations toward an Integrated Service System in Region 5 we also involved community agency personnel and board members in our task forces as a part of community planning participation. Other efforts directed toward increasing participation were made by involving community agency and allied agency personnel in the development of the Southern Illinois University's Alcoholism Counselor Training Project and the Illinois Office of Education and eight regional school district superintendents in a regional workshop training project for health education teachers at the junior high and high school levels.

### I. Criteria for Development of Action Plans

#### 1. Overview

As demand for funding resources increases and resources continue to be limited, the Division in cooperation with the Regions has increased its efforts to demonstrate need for services as well as improve the quality of services being provided. As stated in the overview of Section H, efforts are being made to bring social and regional funding and planning organizations into the planning process. This also includes evaluation of agency services.

On a statewide basis assisting agencies to upgrade programs and facilities to meet Public Health Alcoholism Treatment Licensure Standards play an important role in where and how to allocate resources.

The Supplemental Appendix of this Annual Report, available in all of the Division offices, includes copies of agency self-

evaluations. This evaluation process was developed to enhance the interaction between grantees and Regional Office in the planning and funding process. These and other factors are the basis for Regional decision making related to the development of Regional Action Plans.

## 2. Regional Reports

### REGION 1A

The rationale for priority rankings of community based programming was based on factors such as: 1) planning area allocations; 2) service components related high risk clients; and 3) service needs.

### REGION 1B

In addition to the criteria listed in the original State Plan maintenance of licensure status, treatment for special target populations and increased accountability in a qualitative way leading to cost-effective and cost-benefit prioritizing are criteria added during FY 78.

### REGION 2

Priority efforts were directed to the establishment of Social Setting Detoxication Programs in the southern and western suburbs. The South Suburban Alcoholism Treatment Center's program opened services in May, 1978, while the West Suburban Detox Program was still being developed in the context of a series of zoning setbacks. Additional priorities were for halfway house and outpatient development in the three Subregions of south Chicago area. The outpatient programs were in the Lawndale and far southeast Chicago area, with the halfway house being in the southeast area of Chicago. The overriding principle in this priority planning is to establish services in community networks that lack a comprehensive array of programs.

### REGION 3A

The further development of social setting detoxication programs and maintenance of other existing program service levels throughout the Region was of primary importance during FY 78. Additional staff was added to detox programs in Quincy and Springfield to enable them to better meet service loads.

Funding consideration was also made to more equitably support administrative costs in mental health centers with alcoholism programs borne in previous years by MI and DD.

Special implementation funding support was also specific to McCambridge House Pilot Project for Women in Springfield with emphasis give to successfully establish this service.

It should be noted that provider input throughout the year was

very seriously considered in the ongoing refinement of hospital purchase care development, as well as areas of training for alcoholism personnel throughout the Region.

The Region 3A Alcoholism Needs Assessment also served as a basis for refining action plans and establishing new ones as the fiscal year continued.

#### REGION 3B

Services to youth, women and the elderly need to be augmented and intensified, particularly through linkages with local agencies already providing general services to those groups.

The responsibility and accountability of the Region to the Department for services delivered is an ongoing and developmental process involving many divisions within the Department.

This is an ongoing and developmental process proceeding through frequent meetings, formal and informal, at the Planning Area and regional levels between Subregion (Planning Area) DMHDD staff and Regional Coordinators with the Boards, Directors and Staffs of funded agencies, 708 County MH Boards, other State Department personnel, law enforcement officials, management and labor representatives from private industry, various university groups, and interested citizens. But the real working process occurs on a virtual daily, face-to-face or telephone basis between staff members around particular clients, problems or planning procedures.

This is an ongoing and developmental process addressed formally through the monthly agency site visit by Subregion monitoring personnel, but informally through weekly (if not daily) contacts between Subregion personnel, Regional personnel and agency staffs.

#### REGION 4

The Region is still working toward development of a viable network of services based on a prioritized assessment of need.

#### REGION 5

Through the evaluation process integrated into the Regional Action Plans, it was determined that four detoxication centers were not necessary to service the needs of the Region. Therefore, a plan was developed to consolidate the detox services of two centers with a effective implementation date of July 1, 1978. The two remaining detoxication centers are being evaluated to determine the feasibility of consolidating their services.

It is also planned to consolidate the two intermediate residential facility services by FY 79 because of the close geographic proximity to each other. Relocation of the services of one of



the intermediate facilities depended upon the acceptance of alternatives identified in a regional proposal submitted in FY 79. Because of lack of funding in FY 79 the proposal will be re-submitted in FY 80.

Although the plans for consolidation are directed at increasing program and funding effectiveness, adequate staffing levels and training are problems that are also being addressed..

## J. Utilization of Funding Resources

### 1. Overview

The principles of funding resource utilization remain as stated in the State Plan. Planning is underway to develop a new methodology for use of Federal Formula Funds which would centralize their allocation and emphasize new initiatives and seed or demonstration funding using state and local funds for longer term continuation of effort in traditional modes.

### 2. Regional Reports

#### REGION 1A

A principle tool in decision making in regard to grant-in-aid dollars is the use of an allocation formula. The major components of the formula are: 1) general population (20%); 2) poverty (40%); and 3) urbanization/density (40%). It is felt that application of such a formula establishes a base of equity for each area of the Region. Extenuating factors such as local funding, high density client populations, etc. are realities which modify the ideal allocation.

Priorities for each handicap group were reviewed against an ideal allocation; the goal being to provide adequate resources for programs with maximum equity. Increases or decreases were considered on basis of best current information on programs. Fiscal information available for decisions is excellent. Service information is soft. Fiscal Year 1976 data was reviewed and is considered reliable, but absence of data prior to FY 76 and for the current fiscal year makes comparisons impossible. Consequently, the major tool used for service appraisal is the Community Monitor Index. The Index comments on whether community programs in a planning area are reducing the flow of patients to state facilities, thus dealing with high risk clients.

Prioritization of community grants and purchase of care funding was done on a planning area basis, which includes a continuum of services, state-operated, state-aided, and non-state-aided. Prioritization of regional funding is an attempt to fund basic services for high risk clients, which would augment programs offered at the Singer Mental Health Center. The priority focus is for emphasis to the high risk and services that would assist in the non-hospitalization of residents within the planning area.

The other major considerations in the allocation of dollars was the allocation formula and an attempt to provide equity in dispensing dollars between planning areas.

#### REGION 1B

The Region's principles of funding resource utilization remained as stated in the State Plan. The Region's approach was to use Formula Funds (PL 91-616) as seed funds in initiating new programming. Grant-in-Aid funds from State General Revenue were used to support programs initiated by Formula Funding. However, these funds were allocated primarily on a restoration basis among those programs where third party payment was least likely to be generated. Federal Project Funding is used when appropriate, but these funds are not a principle funding source in Region 1B. The Region will be ready to cooperate with any new methodology for using Federal Formula Funds when that plan is put into effect.

#### REGION 2

Federal Project Funds - Several requests for Federal Funding were responded to with guidelines, application kits, and consultation. The Region 2 office also provided written reviews on new or renewal applications from the City of Chicago Department of Human Services, American Indian Brotherhood, Inc., St. Augustines Center for American Indians, and South East Community Health Organization.

Grant-In-Aid - Funds were awarded in FY 78 according to the following criteria: 1) needs assessment by the applicant; 2) evidence of community support; 3) applicants contribution; 4) other sources of income; 5) priority of this service in the community area network.

Federal Formula Funds - The awarding of Federal Funds was based on information available on the criteria for utilizing these funds. There was a de-emphasis on using these funds exclusively for starting projects.

Third Party Payment - Toward the end of FY 78 it became more apparent that for third party payment to be a reality, an agency would have to establish licensure status, JCAH accreditation, and certification of counseling staff. Information and assistance in completing these criteria was provided.

#### REGION 3A

In FY 78 funding levels were established on an individual agency-by-agency basis rather than by using established regional formulas for allocations. Funds were used in accordance with the State Plan in supporting high priority services, particularly the social setting detoxication network. Federal formula monies were used in accordance with Federal maintenance-of-effort requirements and were allocated to the three alcoholism councils within the Region

and one mental health center whose alcoholism program had been initially established with Federal formula dollars. In addition, a good deal of attention was given to the effective utilization of hospital purchase care dollars throughout the Region.

#### REGION 3B

Alcoholism services are incorporated into the Region/Planning Area network of services. Additional state-funded staff hours are augmenting the consultative, coordinating and monitoring functions of the alcoholism coordinator's staff.

Development of services and their funding support is based on a regional system of priorities which is built up from the local level.

The Region community-based social service alcoholism agencies have not been successful in collecting third-party payment for services they provided.

Alcoholism Federal Formula monies were expended to assure the development or maintenance of services. State monies were used to maintain services that previously had been supported partially or totally by local funds. Local funds that were in services, plus additional special local funds, were used to pay for the capital improvements required to meet the State Fire Code facility standards in DPH licensure guidelines.

#### REGION 4

There was continued emphasis being placed on quality service as a means of attracting more third party payment. Encouragement and technical assistance was also provided to obtain more Federal Project funds, through distribution of information on program priorities, along with application forms and material.

#### REGION 5

As we identify needs and methods of approaching the problems of women, youth, and minorities federal pass-through dollars would be utilized to initiate appropriate programs to meet the needs. For example, the Migrant Alcoholism Project was continued as a special implementation project because of its initial success. The 27-county area of Region 5 has not experienced any significant change in its low taxation base or poor economic situation. Therefore, state grant-in-aid and whatever is available in local funding remains the main source of funds in maintaining programs.

### K. Long Range Funding Plan

#### 1. Overview

There has not been any substantial improvement in the overall situation regarding long term funding for direct services,



training or education/information activities. Neither the Federal Government, the State or local funding groups have made real progress in determining a long range policy. Tight money is the rule and alcoholism issues are not a high priority in many key sectors. Continuing effort has been directed toward achieving the three critical foundations for a creditable, accountable and viable system: i.e. state licensure, JCAH accreditation and voluntary counselor certification. Our efforts will be directed to maximize all funding options which are or become available in the future.

## 2. Regional Reports

### REGION 1A

The community based programs within the Region encourage to make maximal use of all available third party payers in order to attempt to adjust the equitable amounts of funds requested across the Region during the fiscal year.

### REGION 1B

The Region is presently faced with the same type of obstacles as stated in the "Overview".

The Region continued to emphasize the development of new programs as well as working toward the upgrading of existing programs to the level of highest standards. This emphasis becomes more attractive for third party payment. It is a long range goal that ultimately Alcoholism Services be self-sustaining.

The Region continued to support and encourage counties and communities in developing "708" and "553" legislation with particular attention directed to insuring proportional support of Alcoholism Services; also in the allocating of volunteer dollars.

The Formula Grants continue to be utilized as first line funding in areas of new program development as they are available. Grant-in-Aid funds from General Revenue are used to support on an ongoing basis those programs which were not yet viable for third party payment where the service was needed and prioritized according to criteria of both State and Federal legislation.

### REGION 2

By encouraging the development of conditions for third party reimbursement, the Region was also laying the foundation for industrial referrals to accredited and licensed treatment for its employees.

The continuation of State and local funding increments over the years is substantiated by annual Regional budget requests based on need assessment in the community area network.

### REGION 3A

The development of third party reimbursement to regional alcoholism providers has been slower than anticipated due to agency difficulties in attaining all the necessary components for qualification, particularly accreditation. However, a few of the mental health centers in the Region have achieved significant success in third party billing with the cooperation of their agency medical directors.

Agencies have also experienced constricting local funding levels due to the decreased availability of local dollars and increased competition for local tax dollars and United Way participation. This has caused some very real problems for both immediate and long range funding planning for several of the agencies. As a result, this has also kept the demand for DMHDD funding participation at high levels.

Region 3A had one significant attempt at initiating a Title XX supported Residential Rehabilitation Program from the Jacksonville Area Council on Alcoholism; however, at fiscal year's end this proposal was still unresolved because of state-wide uniform fee and client eligibility issues.

### REGION 3B

The community-based non-medical alcoholism programs were in the process of making the capital improvements necessary to meet and maintain DPH licensure standards. Neither JCAH accreditation nor state licensure has made any impact on third-party payments for services these programs provide.

Until this issue is resolved, these services will continue to be funded by a combination of Federal Formula monies, State grant-in-aid and local funds.

### REGION 4

Economic variables and Legislative action on local, state, and Federal levels remain, in our opinion, the key to long range funding.

Private enterprise entering the field of Alcoholism, in our region, may provide the necessary balance to sustain programmatic growth, such as general hospital.

### REGION 5

Third-party payor system still appears to be the logical direction for long-range funding support. It also appears that any significant impact on the funding areas by third-party payors will not be realized in the immediate future. Therefore, the effort will continue to put community programs in an eligible position to receive third-party payments.

JCAH accreditation, Public Health licensure, and Employee Assistance Programs are involved in the process. Thus far, only one community-based program has received JCAH accreditation and Public Health licensure. The remaining programs have received or are in the process of acquiring Public Health licensure.

Plans for acquiring JCAH accreditation have also been submitted to the Regional Alcoholism Coordinator's Office by community-based programs. However, the commitment on the part of multi-service agencies who administer the majority of alcoholism programs to pursue JCAH accreditation for alcoholism programs has diminished considerably. (See Section E, Program Accreditation Efforts; JCAH, Goal 10, Objective 1, comments.)



## V. SPECIAL ISSUES

### A. Illinois Department of Public Health Alcoholism Licensure Program

During the last half of FY 77 and all of FY 78 the Division of Alcoholism has participated in the implementation of the new alcoholism licensure program. The Illinois Department of Public Health is responsible for the operation of the licensure program; however, an inter-agency agreement was signed by the Directors of DMHDD and DPH for regular coordination of supporting activities. A Division staff member was appointed to coordinate all DMHDD related licensure activities and to provide liaison to the Public Health Lincensing Advisory Council. A member of the DMHDD Citizens Advisory Council on Alcoholism was also appointed to the Licensure Advisory Council to provide for close liaison between the two Councils. DMHDD Regional Alcoholism staff are a part of the survey team and also provide consultation and assistance to all of the treatment programs to assist them in attaining and maintaining their license.

The initial eighteen months of implementation of the licensure program has brought mixed responses from treatment agencies as well as from DMHDD Regional staff and community funding and planning groups. The effort to meet licensure standards has been expensive for those agencies who must meet physical plant as well as programmatic standards. Many changes have been necessary to upgrade physical facilities to meet the standards set by the State Fire Marshall. In some instances it was necessary for programs to move to new physical locations. For many agencies, meeting the programmatic standards was equally as difficult. For the first time it was necessary for alcoholism agencies to relate to uniform standards throughout the state. It was necessary for agencies to restructure and plan their own informal system with reference to other agencies with similar systems. The licensure system has pointed out many deficiencies in individual agencies and programs as well as the total treatment network. This has been helpful in planning for correction and enhancement of the treatment system.

### B. Voluntary Certification of Alcoholism Counseling Personnel

The Division of Alcoholism accomplished its stated goals for FY 78 regarding the voluntary certification of alcoholism counseling personnel project. Via contract with IADDA, the Division provided the financial support for and participated in the activities of the Certification Task Force.

The twenty-eight (28) member Certification Task Force initiated its FY 78 efforts by seeking public reaction and comment to the Draft Certification Proposal completed during FY 77.

Based upon comments received, the Task Force expanded its membership to broaden its base for input and to incorporate the additional expertise needed to develop the final certification product. These expert volunteers were assigned to one of five working groups to develop in detail the separate components of a credentialling system; Criteria Committee; Continuing Education Committee; Supervision Committee; Peer Review Committee; and a Fiscal Policy Committee.

Incorporating the public hearing comments and the Committees' Reports, the Task force finalized the certification model in the last quarter of FY 78.

In summary, the primary work of the Certification Task Force during FY 78 was the design of a comprehensive Illinois Credentialling System for Alcoholism Counselors. Not only was this accomplished, but a great deal of public information was generated with alcoholism treatment personnel throughout the State and with other related health professionals.

The "Certification of Alcoholism Counselors, The Illinois Model" is available for review at the Division of Alcoholism Offices in Chicago and Springfield, and at the seven Regional Alcoholism Offices, and has been widely distributed within Illinois. The report may also be obtained directly from: Certification Project Coordinator; Suite 310; 1035 Outer Park Drive, Springfield, Illinois 62704.

On May 26, 1978, the Senate of the 80th General Assembly of the State of Illinois, passed Senate Resolution 395 (See Appendix 7) commending the members of the Task Force on Certification and Task Force Committees "for their contributions toward the development of higher standards toward the treatment of Alcoholism." S.R. 395 further recognized that the professional certification of alcoholism counselors will lead to improvement in the quality of services and health care provided to persons suffering from alcohol related problems.

## C. Training Programming

### 1. Overview

During FY 78 the Division made significant progress toward the ultimate development of a statewide training network in support of program and personnel credentialling. The SIU-C project, the Alcoholism Program Management and Detox Program Management Workshops, and other programs discussed in Section V.2 - Special Programs, are examples of this progress.

The numerous training contracts with the DCFS, DPA, DOC, DPH funded via the Special Federal Implementation Grant support the Division's recognition of the importance of these agencies in the early identification and appropriate referral of clients with alcohol related problems. These contracts are reported on in greater detail in the Annual Report on the Special Implementation Project Grant which are available for public review in the Division's Offices in Chicago and Springfield, and the Regional Alcoholism Offices. (Also see Supplemental Appendix to this report.)

Also included in the Special Implementation Project Grant Report are reports on the Division's Training Contracts with the Illinois State Medical Society, Illinois Pharmaceutical Association, and the Probation Counselors Association, all of which contributed to the Division's intent to cooperatively incorporate related health care professional associations and societies into an effective force for the delivery of services.

All of these programs and activities have the potential for directing the resources of the total community based system for the delivery of social and health services to persons suffering from alcohol related problems. The Division will continue to build upon this foundation toward the growth of a functional training system, which will depend in part on the availability of the federal SAMP grant to become operational over the next several years.

## 2. Special Programs

### a. Midwest Institute of Alcohol Studies

More than 300 persons attended the Annual Winter Institute at Western Michigan University. Participants were from Illinois, Michigan, Indiana and Wisconsin. A total of 36 Divisional Scholarships were awarded to Illinois participants.

A total of 306 individuals attended the Summer Institute, 52 were from Illinois, 34 from Indiana, 195 from Michigan, 18 from Wisconsin and 7 were from other states. A total of 37 Divisional Scholarships were awarded to Illinois participants.

During these 5 day programs, the students heard presentations given by many nationally known experts in the field of alcoholism.

Again, as in all the past Institutes, the eight workshop sessions proved to be the most productive part of this basic learning experience. Workshops focused on counseling methods and techniques and also covered Employee Assistance Programs, Case Finding, Prevention, Evaluation, Women and Substance Abuse, and Community Organization.

The additional special interest sessions offered which were well attended were Women and Alcohol, Alternate Treatment Methods, Substance Abuse and Family Violence, Family, Outreach, Sexuality and Alcoholics, Relaxation Therapy, Poly-Drug Use, Aging and Substance Abuse, and Social Setting Detoxication.

The Division will continue to participate in the planning and financial scholarship support for these excellent Institute programs as resource availability permits.

### b. Detox Van Driver/Counselor Training

The accreditation program for Detox Van Drivers established in FY 77 by the Department of Public Health (DPH) - Division of Emergency Medical Services (EMS), in coordination with the Division of Alcoholism was continued during FY 78, with a total of 80 persons trained and accredited.

Because the initial accreditation for Detox/Van Driver Training is for two years, the EMS developed the "Detoxication Van Drivers Continuation Training Outlines" for the purpose of



accreditation maintenance to follow this initial period.

EMS requires documentation of a total of eight (8) hours of training over a two-year period. The specific training subjects and detailed outlines are included in the Continuation Training Outlines which are available in the Department's general and regional offices. Two (2) persons were reaccredited under this new model during FY 78.

EMS will retain sole authority for the initial accreditation of Detox Van Driver Training as well as accreditation maintenance. The Division of Alcoholism via the Regional Alcoholism offices will consult with and assist Social Setting Detox Programs in satisfying the appropriate accreditation requirements. The Division will advise the EMS regarding the total program effort and any modifications in the system that may be required.

c. Division and Regional Personnel In-Service Training Programming

The need for in-service training for Division and Regional personnel, as described in the FY 78-80 State Alcoholism Plan was not completely met during FY 78.

Although a variety of topics and critical issues were included in the monthly meetings of the Regional Alcoholism Coordinators, specialized in-service training programs were not developed. Individual staff did attend a variety of outside conferences and training programs. The RACs and staff also participated in the three major conferences sponsored by the Division. The conferences focused on Youth, Women, and Accountability Issues respectively.

The Division expects to continue to devote portions of the regular RAC meetings to special issues and will seek input from the RAC Education and Training Committee to further identify training needs and priorities.

d. Targeted Group Training Programming

To meet the needs outlined in the FY 78-80 State Alcoholism Plan the Division of Alcoholism supported via contract with Resources Three, Wichita, Kansas, for the development of two three-day training workshops; one on Alcoholism Program Management and one on Detox Program Management. The Alcoholism Program Management Workshop was offered twice (Bloomington, Illinois April 3-5, 1978 and Aurora, Illinois May 1-3, 1978) and was attended by 21 community agency staff. The Detox Program Management Workshop was offered in Springfield, Illinois on May 15-17, 1978 and in Aurora May 1-3, 1978 and was attended by 28 participants.

The overall evaluation of the training workshops was very positive. The rating of the trainers was equally positive, as was the feedback on the materials given to the trainees.

Workshop Pre-test/Post-test results indicated a significant increase in cognitive knowledge from both the workshops with the increase higher for the Detox Program Management. The complete project report on the "Advanced Alcoholism Program Management Series" is available for public review in the Division offices in Springfield and Chicago and the Regional Alcoholism offices.

It is anticipated that increased activity in specific subject areas will occur in FY 79, especially at the Regional levels as local priorities are established through Regional Training Plans funded from general office formula funds.

This is viewed as an essential direction because of the inability of many programs to release sufficient numbers of staff to attend wider area meetings as established by the relatively overall low attendance for these excellent programs described above. Minimal staffing patterns in many agencies, which will require major funding increases to correct, lead us to lean heavily on localized training and development of in-service packages for the future.

#### e. Second Invitational Conference

The Division of Alcoholism held its Second Annual Invitational Conference on Alcoholism on June 22, 1978, at the Ramada O'Hare Inn in Des Plaines. The central theme was Accountability, with specific focus on such topics as licensure, individual client records, counselor certification, patient care audit and utilization review, which have a direct impact on the provision of present and future alcoholism services.

The conference was attended by 111 persons, including administrative and managerial personnel from most of Illinois' alcoholism service agencies, presidents and members of community agency boards, members of funding organizations such as 708 and 553 Boards, Health Systems Agencies, and members of the Citizens Advisory Council on Alcoholism. Participants' written evaluations of the material presented in the six workshops and on the quality of the faculty were very positive. They indicated that a valuable interchange of ideas took place and overwhelmingly agreed that the Division should continue with the annual administrative accountability conference and move ahead with planning for an annual conference on clinical and treatment issues for patient care staff to be held in the fall of 1978.

#### f. Southern Illinois University - Carbondale Project

The Southern Illinois University - Carbondale (SIU-C) Project is a demonstration project designed to test the feasibility of utilizing the State's vast and accessible community college system for the delivery of formal academic training on alcohol abuse and alcoholism.

Under the terms of the contract, SIU-C developed four (4)

teaching modules directed toward alcoholism counselor competencies identified in the Alcoholism Counselor Certification Model referenced earlier in this report. Further, SIU-C field tested (2) of the modules utilizing community based expert resource persons as instructors and (4) community colleges for teaching sites. The remaining two modules were completed but not field tested during this year.

Early evaluations for the first year effort of the SIU-C project indicate the high feasibility of using community colleges and local expert resources for the delivery of formal academic courses for university credit.

A second year effort of the SIU-C project will include the field testing of the two (2) untested modules and an examination of the financial self-sufficiency of the system.

Detailed final reports on the first year effort of the SIU-C project may be reviewed at the Division's Chicago and Springfield Offices and the Regional Alcoholism Offices.

#### D. Public Information Systems

##### 1. Overview

During FY 78 the Division of Alcoholism maintained basically the same approach to Public Information Activities and programs as was used during FY 77 - encouragement in the local community utilizing the expertise of staff of community based agencies and the Regional Alcoholism Offices. These activities are summarized below.

- \* More than 160 Radio and Television appearances were made in reference to alcoholism to an audience in excess of 6 million persons.
- \* Specific programmatic material related to alcoholism was included in more than 400 newspaper stories, articles, etc. to a readership estimated in excess of 7.5 million.
- \* More than 120,000 pieces of printed materials on alcohol abuse and alcoholism were distributed throughout Illinois.
- \* Films, slide/sound presentations, and audio tapes were used in over 1,000 separate presentations to a total audience estimated in excess of 25,000 persons.
- \* Public Service Announcements on Alcoholism appeared on television more than 800 times to a total viewing audience estimated in excess of 14 million persons.

In addition to the activities summarized above during FY 78 the Division of Alcoholism did participate in numerous special projects by funding support and direct involvement in planning and development. These projects are described below.



## 2. Special Projects FY 78

### a. Illinois Teenage Institute on Substance Abuse

The Third Annual Illinois Teenage Institute on Substance Abuse was held at Allerton Park 4-H Memorial Camp, Monticello, Illinois on July 19-23, 1977. The Institute brought together Illinois teenagers and expert resource persons to share information and examine feelings that would lead to individual decisions about alcohol and drug usage.

A Planning Board representing 8 sponsoring and supporting agencies (four agencies of state government, including the Alcoholism Division, DMHDD, Illinois Jaycees, Illinois Federation of Women's Clubs, Illinois PTA, and the state voluntary alcoholism association) met regularly during FY 78 to plan and develop the Institute.

Seventy-nine youth participants (37 male, 42 female) attended the Institute. Most of these students were supported by scholarships provided by a variety of local community groups.

The Institute was conducted by a staff of 15 specialists in alcohol and drug use, complimented by 9 additional resource persons with special expertise. The volunteer staff conducted small group sessions, many of the special interest group sessions, and some of the general sessions. Furthermore, they functioned as friend and advisor to the youth participants.

Youth participants at the Institute elected 5 of their peers to a Youth Advisory Council that will assist in planning for the next year's Institute.

The overall evaluation of the Institute by participants was unanimously favorable. The program received an excellent rating in the 90 per-centile. Institute staff received an unusually excellent rating of 100 per cent!

This year's Teenage Institute on Substance Abuse once again demonstrated the effectiveness of its approach and its ability to create a climate conducive to the self examination of attitudes regarding alcohol and drug use and non-use by the youth participants.

### b. Seminar for Higher Education

In the FY 78-80 State Alcoholism Plan the Division of Alcoholism proposed to fund via contract a two-day conference on the impact of Alcohol Abuse and Alcoholism upon institutions of higher learning. Planning for this conference was not initiated because it was decided that a conference of this nature would be more effective if a major portion of the conference were based upon an actual model program functioning in Illinois. Since one of the major state universities in the southern part of the state had applied for NIAAA funding to develop a model university based program, no action was taken

on this proposal pending development of the model.

This proposal for a model university program was subsequently denied for funding by NIAAA. However, the Alcoholism Division expects to fund the project directly as the first step in its major effort to develop Prevention Programs for Illinois and it is expected that the proposed conference will be held after the project has had a track record developed over the next year to 18 months.

c. Seminar for Student and Faculty Personnel from High School Newspapers, Radio, and T.V. Stations

In the FY 78-80 State Alcoholism Plan the Division of Alcoholism proposed to seek the support and assistance of the Illinois Office of Education (IOE) in planning and implementing a series of seminars for student and faculty personnel from high school newspapers, radio and television stations.

The proposed seminars were not held due to the fact that the Division and IOE planned and implemented a more comprehensive program of training in alcohol awareness in the Illinois School System.

The project, funded via contract with the Northwest Educational Cooperative, Des Plaines, Illinois and supported out of the Special Federal Implementation Grant, included the development of four in-service training modules designed to facilitate the early identification and appropriate referral of students exhibiting alcohol related problem behaviors. The modules were targeted toward the four primary support disciplines in the school system, school psychologists, social workers, nurses, and guidance counselors. A cadre of 34 persons representing the four disciplines were trained in the contents of the modules and will function as trainers for continuing in-service training throughout the school system.

The IOE developed a video-tape presentation on youth alcoholism problems for school administrators that will be widely distributed throughout the Illinois School System to increase the level of their alcohol problem awareness. The project has potential for a long term impact upon the Illinois School System and has been extremely favorably reviewed by its first participants.

A more detailed report of the project will be available for review in the Regional Alcoholism offices and the Division of Alcoholism Offices in Chicago and Springfield.

d. Illinois Department of Transportation (DOT) Youth Traffic Safety Conferences

At the request of the DOT the Division of Alcoholism through the Regional Alcoholism Offices participated in the planning and hosting of ten one-day Youth Traffic Safety Conferences held throughout the state. The RAO Staffs served as

consultants in planning of special sections on alcohol abuse and alcoholism for each conference which included a special workshop on Alcoholism.

In addition to cooperating in the planning of the workshops, many of the RACs directly participated in presenting the workshops. More than 300 youth participated in the alcoholism workshops for the ten conferences.

#### E. Prevention

Although Prevention was not included in the FY 78-80 State Alcoholism Plan as a separate topic, many of the activities in this report are now viewed as Prevention/Intervention (i.e. occupational programs, public information, community education, which have their separate section headings).

In order to approach the planning of specific prevention programs, the Division in cooperation with the Illinois Dangerous Drugs Commission convened a Task Force on Prevention. The goal of the Task Force was to develop a framework for a state strategy for the planning and development of Prevention Programs and activities. The eight member Task Force included representatives from the Division, DDC, IADDA, Citizens Advisory Council on Alcoholism, and community based alcohol and drug treatment services providers.

The Task Force initially planned to develop and publish a proposed state strategy for Prevention by the end of FY 78. However, the Task Force decided to revise its schedule due to the range of issues they implied to cover and complexity of the Task. The Task Force now plans to conclude its efforts some time in mid FY 79.

Separate, but closely related to the activities of the Prevention Task Force, the Division began to develop a prevention plan to be implemented during FY 80. The Plan, with requisite guidelines and procedures, will be presented during the budget development process for FY 80.

#### F. Liaison with DDC

During FY 78 the Division of Alcoholism significantly increased its liaison with the Illinois Dangerous Drugs Commission in an effort to minimize potential duplication of program efforts by the two agencies and in response to the fact that the two agencies are likely to frequently serve the same population, especially at the younger age level.

Active liaison was achieved through the Division's representation at meetings of the Dangerous Drugs Commission and by membership on the DDC Advisory Council. Liaison was also maintained by individual staff members from the two agencies in relation to specific program issues, i.e. program licensure, information systems, and prevention. A formal relationship with the DDC was established in the area of occupational and employee assistance programs.

Finally, the two agencies began to draft a formal plan of cooperation that will detail areas of cooperation with specific goals, objectives,



and time schedules. It is anticipated that the formal plan of intra-agency cooperation, if approved will be incorporated in the FY 80 Addendum to the FY 78-80 State Alcoholism Plan and will also be included in the DDC State Drug Abuse Plan. It is further expected that the intra-agency plan will be updated annually.

## VI. SPECIAL GRANT FOR IMPLEMENTATION OF THE UNIFORM ACT

The Federal Special Grant for the Implementation of the Uniform Act that was awarded to Illinois to assist in the implementation of PA 78-1270 is described in a report covering the first year grant programs and activities that was submitted to NIAAA in compliance with grant requirements. This report covers all of the Division's programs and expenditures from that grant for the period January 1, 1977 thru December 31, 1977 including projects mentioned earlier in this report, and the statewide Evaluation and Information Systems and program efforts directed toward the high risk populations of Youth, Women and Migrants.

It is important to note that a sizeable portion of the funds available from the Special Implementation Project Grant were used to support via contract the development of specialized training programs by numerous agencies of state government and professional associations and societies. However, with one exception (Law Enforcement Training Project) none of these projects were completed at the time of that report period, December 31, 1977, and in fact, most of the projects were not completed before the end of FY 78. Therefore, the referenced report will cover only the one completed project. Those projects that were completed after the end of the first report period will be included in the next annual report on the Special Implementation Project Grant for calendar year 1978 due to be submitted to NIAAA early in calendar year 1979. Final reports on the individual projects will be available for public review in the Division Offices in Chicago and Springfield and the Regional Alcoholism Offices by the end of the second quarter of FY 79.

VII STATEWIDE FISCAL AND STATISTICAL STATEMENTS AS OF JUNE 30, 1978

A. FY 78 Statewide Fiscal Statements

For services provided during FY 78, expenditures were made from Grant Award Number 05-X-179500-77-0 for the following projects:

Project 1519A	- Administration	\$ 37,458.55
Project 1519B	- Planning and Coordinating Community Networks of Service	336,079.36
Project 1519C	- Occupational Programs	158,904.16
Project 1519D	- Fiscal Accountability & Program Evaluation	48,078.85
Project 1519E	- Public Information Education & Training	145,111.37
Project 1519F	- Grants to Community Agencies	<u>931,949.10</u>
		\$1,657,581.39

In addition, expenditures to support these projects were made from Grant Award Number 05-X-179500-76-0 as follows:

Project 1519A	- Administration	\$ 12,455.51
Project 1519B	- Planning & Coordinating Community Networks of Service	96,701.88
Project 1519C	- Occupational Programs	55,892.35
Project 1519D	- Fiscal Accountability & Program Evaluation	15,991.26
Project 1519E	- Public Information Education & Training	21,291.50
Project 1519F	- Grants to Community Agencies	<u>766,587.00</u>
		\$ 968,919.50

Thus, total expenditures from alcoholism federal formula funds during FY 78 amounted to \$2,626,500.89 which were used to support a broad spectrum of programming endeavors directed toward problems of alcoholism and alcohol abuse.



These programmatic project expenditures restated in terms of common object codes are:

Personal Services	-	\$ 581,042.19
Retirement	-	42,136.33
FICA	-	21,353.70
Group Insurance	-	21,328.87
Contractual Services	-	195,156.66
Travel	-	43,710.52
Commodities	-	5,646.88
Printing	-	9,322.42
Telecommunications	-	8,267.22
Community Based Programs for the Alcoholic	-	<u>1,698,536.10</u>
		\$2,626,500.89

The Division of Alcoholism also expended funds from two Grant Awards for Special Alcoholism Project to Implement Uniform Act during FY 78.

Expenditures made from Grant Award Number 5 H83 AA 00021-02 were:

Program Activity #1	-	Alcohol Program Monitoring & Evaluation System	\$ 23,995.78
Program Activity #2	-	Chronic Public Inebriate	-0-
Program Activity #3	-	Special Target Populations	50,625.00
Program Activity #4	-	Education Projects	<u>1,600.00</u>
			\$ 76,220.78

Expenditures made from Grant Award Number 1 H83 AA 00021-01 were:

Program Activity #1	-	Alcohol Program Monitoring & Evaluation System	\$ 39,262.42
Program Activity #2	-	Chronic Public Inebriate	-0-
Program Activity #3	-	Special Target Populations	235,928.00
Program Activity #4	-	Education Projects	<u>201,565.21</u>
			\$ 476,755.63

Thus, total expenditures from the Special Assistance Grant funds during FY 78 amounted to \$552,976.41

## B. FY 78 Statewide Statistical Statements

Annual statewide figures for Department-funded alcoholism services and costs are shown on the next page. Annual figures for each region are displayed in the Appendix of this report. Individual program statistics are included on the Agency Self-Evaluation forms in the Supplemental Appendix.

The definition of terms is consistent throughout the report. The unduplicated clients represents the number of different clients served in a program during the period covered by the report. The units of service represent the number of hours (in event mode programs) or days (in day mode programs) of service provided to these unduplicated clients. The other units are applicable only to event mode programs and represent the number of hours of service provided to unregistered clients and the community. The cost of the services are displayed in thousands of dollars, DMHDD cost reflecting the portion of cost paid by the State and total cost reflecting the actual cost of these services.

ALCOHOLISM SERVICES AND COSTS  
ANNUAL, FY 78

STATEWIDE

Program Code	Program Name	Undup. Clients	Units of Service	Other Units	In Thousands	
					DVHDD Cost	Total Cost
01	Sustaining Care	1,106	5,390	1,362	\$ 123.8	\$ 202.3
02	Outpatient	1,154	4,900	3,703	149.2	225.7
02A	Outpatient Alcoholism	13,396	91,506	78,972	2,359.6	4,360.2
03	Emergency	1,300	2,295	1,913	78.8	134.2
03A	Social Setting Detoxication	11,947	68,161	-	3,443.6	4,230.4
04	Community Day Treatment	73	1,406	-	23.2	41.8
05	Homebound	2	2	20	.2	.6
06	Day Training for DD Children (3-21)	4	88	-	1.3	3.8
06A	Day Training for DD Children (0-3)	1	4	4	.3	.5
07	Sheltered Workshop	135	9,572	-	114.6	314.5
08	Work Activity	34	2,408	-	25.6	54.5
08A	Day Training for DD Adults	1	42	-	1.6	1.7
09A	Special Habilitation	1	6	-	.9	2.6
09B	Summer Day Camp	1	1	-	.0	.0
10	Halfway House	2	201	-	3.2	3.7
10A	Alcoholism Halfway House	1,135	72,829	-	918.6	1,636.2
10B	Residential Intermediate Care-Alc.	1,151	46,569	-	42.1	57.0
11	Casefinding, Information & Referral	9	19	165	7.5	7.7
11B	Outreach Alcoholism	1,730	13,914	18,615	375.2	650.2
14F	DD Outpatient Diagnostic	6	96	15	2.7	4.8
20	Inpatient	3,631	88,681	-	8,384.0	8,384.0
		36,819	408,090	104,769	\$16,056.0	\$20,316.4



## APPENDIXES

1. News Release Announcing Availability of Draft FY 79 State Plan Addendum for Public Review
2. Newspaper Notice Announcing the Availability of Draft FY 79 State Plan Addendum for Public Review and List of Newspapers in which it appeared
3. IDCC Member Agencies Reports for FY 78
4. Regional Maps displaying Alcoholism Service Networks Effective June 30, 1978
5. EAP Brochure
6. FY 78 Grant Agreement Alcoholism Addendum
7. Senate Resolution 395
8. Annual Regional Figures for Department-funded Alcoholism Services and Costs, FY 78

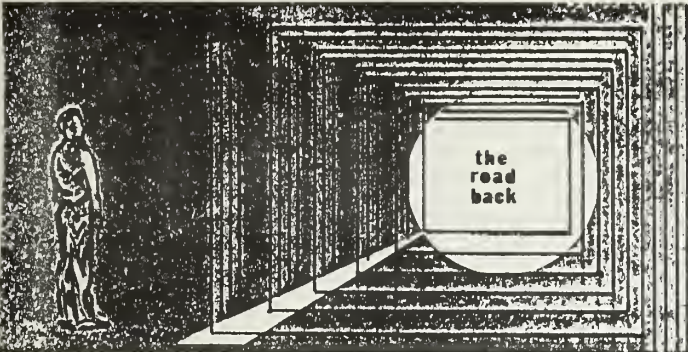
NEWS

RELEASE

## ILLINOIS DEPARTMENT OF MENTAL HEALTH &amp; DEVELOPMENTAL DISABILITIES

FOR IMMEDIATE RELEASE

MICHAEL L. RAINEY: (312) 793-2907



CHICAGO, Jan. 23 -- Mrs. Roalda J. Alderman, Superintendent of the Division of Alcoholism, Illinois Department of Mental Health and Developmental Disabilities, announced today that the preliminary draft of the FY 79 Addendum to the "State of Illinois Plan for the Treatment and Prevention of Alcohol Abuse and Alcoholism for Illinois Fiscal Years 1978 - 1980" will be available for review beginning February 10, 1978 at the offices of the Regional Alcoholism Coordinators; at the Springfield Office of the Division of Alcoholism, McFarland Mental Health Center, 901 Southwind Road - B77, Springfield, Illinois; and at the main office of the Division of Alcoholism, Suite 1900, 188 West Randolph Street, Chicago, Illinois.

Mrs. Alderman stressed that the FY 79 State Plan Addendum is intended to reflect the current and projected funding priorities of the State and to further encourage community involvement in the development and implementation of that plan.

Comments received regarding the State Alcoholism Plan Addendum will be kept on permanent file at the main office of the Division of Alcoholism and will be available for public review.

"After the draft of the Addendum has been publicly reviewed, the final FY 79 State Plan Addendum will be forwarded to Region V Office of HEW and, if approved, will ensure that Illinois receives its allocation of Federal formula funding for Alcoholism Programs for FY 79," stated Mrs. Alderman. "These funds as well as State General Revenue Funds will be used to implement the specifics of that plan."

"I encourage all interested persons to review and comment on the draft of the Addendum to the State Plan before March 13, 1978," she said.

APPENDIX 2  
PUBLIC NOTICE

Pursuant to PL 91-616, the Federal Comprehensive Alcohol Abuse and Alcoholism Prevention Treatment and Rehabilitation Act of 1970 as amended, the preliminary draft of the FY 79 Addendum to the "State of Illinois Plan for the Treatment and Prevention of Alcohol Abuse and Alcoholism for Illinois Fiscal Years 1978 - 1980" will be available for public review on February 10, 1978 at the Regional Alcoholism Office (each Region fill in own name and address); at the Springfield Division of Alcoholism Office; McFarland Mental Health Center, 901 Southwind Road - B77, Springfield, Illinois; and at the Main office of Division of Alcoholism, Suite 1900, 188 West Randolph Street, Chicago, Illinois.

All written comments received regarding the FY 79 State Alcoholism Plan Addendum will be kept on file at the main office of the Division and will be available for public review and comment.

The FY 79 Addendum to the Illinois State Alcoholism Plan is a public document and establishes funding and programming priorities for the period ending June 20, 1979. Comment by interested persons is invited and should be sent to said offices by March 13, 1978.

NEWSPAPERS THAT RAN NOTICE RE DRAFT STATE PLAN ADDENDA - FEBRUARY 1978

Champaign Urbana Curier	Champaign
Morning Star	Rockford
Register Star	Rockford
Southern Illinoisian	Carbondale
Alton Telegraph	Alton
Daily Dispatch	Moline
Daily News - Tribune	LaSalle
Peoria Journal Star	Peoria
State Journal Register	Springfield
Jacksonville Journal Courier	Jacksonville
Quincy Herald Whig	Quincy
Chicago Tribune	Chicago
Chicago Sun Times	Chicago
Metro East Journal	East St. Louis



INTERDEPARTMENTAL COORDINATING COMMITTEE REPORTS  
STATE OF ILLINOIS

## DEPARTMENT OF PUBLIC HEALTH

PAUL Q. PETERSON, M.D., M.P.H.  
DIRECTOR

August 17, 1978

OFFICE OF HEALTH FACILITIES  
AND QUALITY OF CARERECEIVED  
DIVISION OF  
ALCOHOLISM  
AUG 21 10 55 AM '78To: Michael L. Rainey  
Division of AlcoholismFrom: Patricia A. Nolan, M.D.  
Associate Director

Subject: FY 78 Annual Report Material

The Department of Public Health is submitting the following information for inclusion in your Annual Report for Fiscal Year 1978.

DIVISION OF AMBULATORY CARE REVIEW.

Main activities consist of providing information, consultation and official Rules and Regulations and Applications for Licensing Alcoholism Treatment Programs; reviewing the application packet after completion and arrival in this office; arranging an on-site survey with the agency and the appointed Regional Alcoholism Coordinator's office representative; performing the on-site survey; writing up a narrative survey report; responding to the letter of correction received from the agency; arranging a follow-up survey when necessary, requesting inspections by local health departments when necessary; and finally issuing a license either six-month provisional or full, annually renewable, depending upon a shared staff decision.

Make preliminary visits to proposed new program sites to help determine the feasibility of using the proposed facilities; and send sample forms to help agencies upgrade their client records.

A helpful adjunct to our work in terms of awareness and current information has been attending licensing board meetings, Citizens Advisory Council on Alcoholism, Alcoholism Interdepartmental Coordinating Committee, Regional Alcoholism Coordinators' meetings, various committee meetings planning for alcoholism program needs involving long-term care and hospitals, DMH Quality Assurance Committee and various conventions, seminars and learning experiences sponsored by the Division of Alcoholism.

- continued -

DIVISION OF DEVELOPMENT AND CONSTRUCTION

Routine licensure activities assigned to the Division of Development and Construction have continued. There has been an accelerated pace resulting from an increase in facility proposals. Such activities include drawing and specification reviews, construction completion inspections, and existing facilities inspections.

The technical staff is engaged in updating the physical plant standards. This is being done in conjunction with provider representatives, the Illinois Department of Mental Health/Developmental Disabilities, the State Fire Marshal's office and the Alcoholism Advisory Board.

There has been much facility planning activity by staff development of an Alcoholism Facilities Plan for usage by the Illinois Health Facilities Planning Board when considering alcoholism proposals involving hospitals and long-term care facilities is an example. That plan or later revisions are to be used as an interim plan until completion of our interrelated coordinated multi-level plan. Evaluation as to need for revision is now in process. In the meantime, the Department's two representatives on an Interagency Committee continue to assist the Illinois Department of Mental Health/Developmental Disabilities develop recommended general program policies and an interrelated plan.

DIVISION OF EMERGENCY MEDICAL SERVICES & HIGHWAY SAFETY

During the month of June, 1978, six workshops on "Care of the Alcoholic Patient" were held for Emergency Department personnel.

Two lectures were presented: one on the use of pharmacological agents currently utilized in the treatment of alcoholism and the "Nursing Implications in the Care of the Alcoholic." Films purchased under this contract were also utilized. A section on alcoholism is being developed for the Trauma Nurse Specialist Course taught by the State of Illinois Regional Nurse Coordinators. The films are being circulated to hospital in-service education departments by the Regional Nurse Coordinators. The films are also available to the EMS Coordinators for use in the EMT-A and EMT-P training courses throughout the State.

The staff of this Division feels that this venture would have attracted a larger audience if it had been coupled with a suitable program on drug abuse.

## ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES

The Illinois Department of Children and Family Services recognizes the tremendous impact that alcohol and alcohol abuse has on family life styles. This often contributes to child neglect and abuse. The Department is legally mandated to provide protective services for abused and neglected children and will cooperate with the Division in developing programs that will assist in strengthening family life.

The Department will continue to participate in various committee and subcommittee activities under the Division's auspices. Furthermore, the Department will cooperate with the Division of Alcoholism in developing strategies for capturing federal dollars for development of programs.

Through the use of the Department's various regional and field offices, concerted efforts will be made to implement programs that will bring relief to families experiencing problems with alcohol and alcohol abuse.

CA/A5a7



STATE OF ILLINOIS

# DEPARTMENT OF CORRECTIONS

CHARLES J. ROWE

GAYLE M. FRANZEN

Acting Director

ARMORY BUILDING / SPRINGFIELD, ILLINOIS 62706

January 26, 1979

RECEIVED  
DIVISION OF  
ALCOHOLISM  
JAN 29 9 54 AM '79

Mr. Michael L. Rainey, Manager  
Educational Resources Division of Alcoholism  
Department of Mental Health and Developmental Disabilities  
Suite 1900, 188 West Randolph Street  
Chicago, Illinois 60601

Dear Mr. Rainey:

In response to your request for a summary on the activities of the Department of Corrections in the implementation of Public Act 78-1270 during fiscal year 1978, I am submitting the following information.

The Department of Corrections has continued to emphasize training of staff in the area of alcoholism and Public Act 78-1270. A special grant from the Division of Alcoholism provided increased training for Correctional Parole Counselor staff in both the Adult and Juvenile Divisions. This training focused on both the identifying aspects of the alcoholic and the utilization of treatment resources for this clientele.

A discussion of alcoholism, its identification, and its treatment has been incorporated throughout the training curriculums of the Department of Corrections Training Academy. This has provided a vehicle of enhancing awareness of staff on all levels as to the problem of alcoholism.

The Department has also begun discussions as to the possible development of a specialized project on alcoholism at their women's correctional facility. This would be a tri-agency effort between the Department of Mental Health/Developmental Disabilities, the Dangerous Drugs Commission, and the Department of Corrections. Its focus would be on the education of women offenders as to the problem of alcoholism, the treatment of women offenders while institutionalized who have alcoholism problems, and the provision of aftercare services following release from an institution for female offenders with alcoholism problems.

Through the Department's Bureau of Detention Standards, monitoring has continued on Public Act 78-1270 in the jails under the authority of county officials throughout the State of Illinois. The Bureau of Detention Standards, through its annual inspection process of all county facilities, has been able to aid in the education and awareness of other law enforcement authorities as to the provisions of Public Act 78-1270.

The Department has continued to utilize its Subcommittee on Alcoholism as the overall coordinating body for the monitoring and stimulus for these activities.

Sincerely,

Phillip G. Shayne, Superintendent  
Adult Parole Services

PGS:EL

cc: Acting Director Gayle Franzen  
Deputy Director Robert Bright  
Dr. William Craine  
Mr. Warren Chapman



# STATE OF ILLINOIS

## DEPARTMENT OF LAW ENFORCEMENT

TYRONE C. FAHNER - DIRECTOR

August 28, 1978

Aug 30 11 46 AM '78

Mr. Michael L. Rainey  
Illinois Department of Mental Health  
and Developmental Disabilities  
Division of Alcoholism  
188 West Randolph  
Room 1900  
Chicago, Illinois 60601

Dear Mr. Rainey:

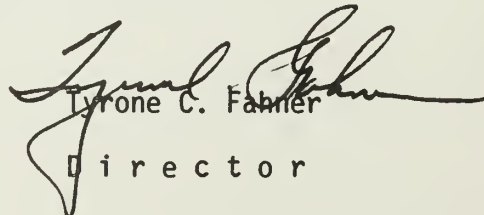
This correspondence is in response to your memorandum requesting a brief report of the Illinois Department of Law Enforcement D.W.I. Support Section's FY-78 programs and activities directly related to alcohol abuse and alcoholism.

During FY-78, through our Department of Law Enforcement Academy, we provided training on alcohol related problems to 137 State Police Cadets and to 90 local law enforcement officers.

Through the Department of Law Enforcement Academy, the Department intends to continue to incorporate specific training on alcohol related problems for new Division of State Police Recruits in addition to providing in-service training to the more than 1,700 existing state policemen as budget and staff availability allows. The Department of Law Enforcement D.W.I. Support Section will continue to participate in other appropriate training activities, especially through their IDCC subcommittee, the Task Force on Law Enforcement Training.

If I can be of any further assistance, please feel free to contact me.

Very truly yours,

  
Tyrone C. Fahner  
Director

TCF:bk





STATE OF

# ILLINOIS

Board of Vocational Rehabilitation

## Division of Vocational Rehabilitation

RECEIVED  
DIVISION OF  
ALCOHOLISM  
SEP 20 10 10 AM '78

James S. Jeffers, Director  
GENERAL ADMINISTRATION  
623 East Adams Street  
Springfield 62706

September 19, 1978

Mrs. Roalda J. Alderman, Superintendent  
Division of Alcoholism  
Department of Mental Health  
and Developmental Disabilities  
188 West Randolph Street, Room 1900  
Chicago, Illinois 60601

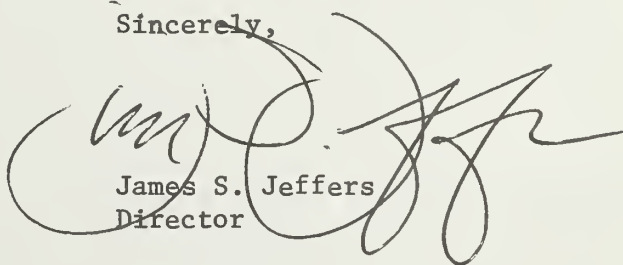
Dear Mrs. Alderman:

The Illinois Division of Vocational Rehabilitation has provided rehabilitation services to individuals who are alcoholics for many years.

During the last fiscal year we were active in the meetings of the Interdepartmental Coordinating Committee as well as the Citizens Advisory Council.

In fiscal year 1978, IDVR served 1146 individuals whose primary disability was alcoholism. Of this number 160 completed their rehabilitation program and became employed, while 624 were still receiving services as of June 30, 1978. This was an increase of 94 persons served and 1 rehabilitated over the previous year.

Sincerely,



James S. Jeffers  
Director

## ILLINOIS DEPARTMENT OF TRANSPORTATION

The Illinois Department of Transportation will continue to participate and support the activities of the IDCC, contributing to planning appropriate countermeasures to the problems caused by drinking drivers. IDOT will also furnish accident information to the member agencies of the IDCC which will include specific data regarding the blood alcohol content of persons fatally injured in traffic accidents.



STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH

PAUL Q. PETERSON, M.D., M.P.H.  
DIRECTOR

March 8, 1979

Jenny Alderman  
Department of Mental Health &  
Developmental Disabilities  
Division of Alcoholism  
188 W. Randolph Street, Suite 1900  
Chicago, IL 60601

Dear Ms. Alderman:

The purpose of this letter is to bring you up to date on the past year's major activities of the Statewide Health Coordinating Council (SHCC) and the State Health Planning & Development Agency (SHPDA) relative to alcohol problems in Illinois. Neither the SHCC nor the SHPDA are charged with the delivery of services. Both are essentially coordinating and planning agencies.

Acting from this perspective, the SHPDA developed and the SHCC accepted for planning guidance Part 1 of the Illinois Health Needs and Priorities Statement, in June, 1978. This document named Alcoholism as a major Illinois health need. As a consequence, all eleven health systems agencies in Illinois should eventually address this issue in their local Health Systems Plans.

Sincerely,

*Roy W. Armstrong*  
Roy W. Armstrong, Jr.

Executive Secretary to the SHCC

RWA:JRN:jv



ILLINOIS OFFICE OF EDUCATION ACTIVITIES  
RELATED TO IMPLEMENTING P.A. 78-1270 DURING FY 78

The office has participated in all scheduled meetings of the Interdepartmental Coordinating Committee. The Alternate has served on the Fetal Alcohol Syndrome Committee and the Task Force on Certification of Alcohol Counselors.

A grant was awarded by the Division of Alcoholism, Illinois Department of Mental Health and Developmental Disabilities, to the Illinois Office of Education and the Northwest Educational Cooperative to fund a "A Proposal to Increase the Statewide Capacity of Pupil Personnel Services Staffs in Illinois School Districts to Identify and Refer More Effectively Those Students Whose Behavior is Caused by an Alcoholic Disfunction."

During the project, 29 persons representing school nurses, counselors, psychologists, social workers, and Program Services Team Consultants were trained. These persons will provide in-service upon request from local districts during the 1978-1979 school year.

The grant also provided funds to develop a 20-minute awareness tape. This tape was prepared primarily for use with boards of education, administrators, and other school personnel. It should be useful also for general audiences. The tape will be available in 16 mm film as well as video-cassette. It is anticipated that it will receive wide usage throughout the state during the coming year.

Nine alcohol workshops were conducted in various regions of the state during the 1977-78 school year; several local mental health associations worked closely with school districts; the office was cosponsor of the fourth highly successful Teenage Institute on Substance Abuse; and has developed an activity plan for enhancing alcohol education in schools.

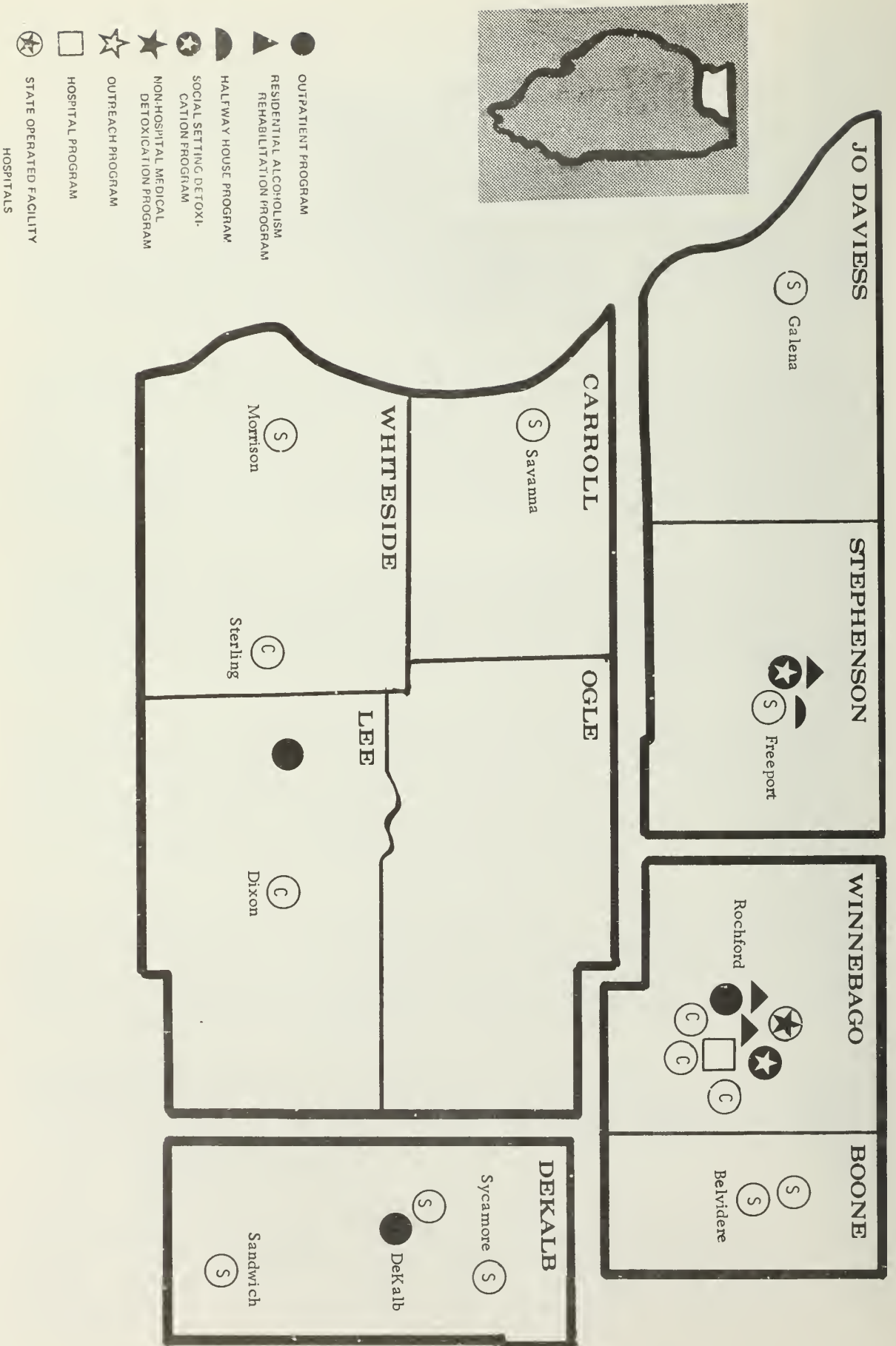
Meetings with university personnel have been conducted in an effort to upgrade the competence and confidence of teachers to enhance their abilities to teach alcohol education more effectively through summer workshops, extension courses, and regular oncampus courses.

Finally, the Illinois Office of Education will continue to identify the many state, regional, and local resources which are available to assist youths with problems related to alcohol use and abuse. Since schools are not, of themselves, medical resources, they must look to community agencies for assistance.

APPENDIX 4

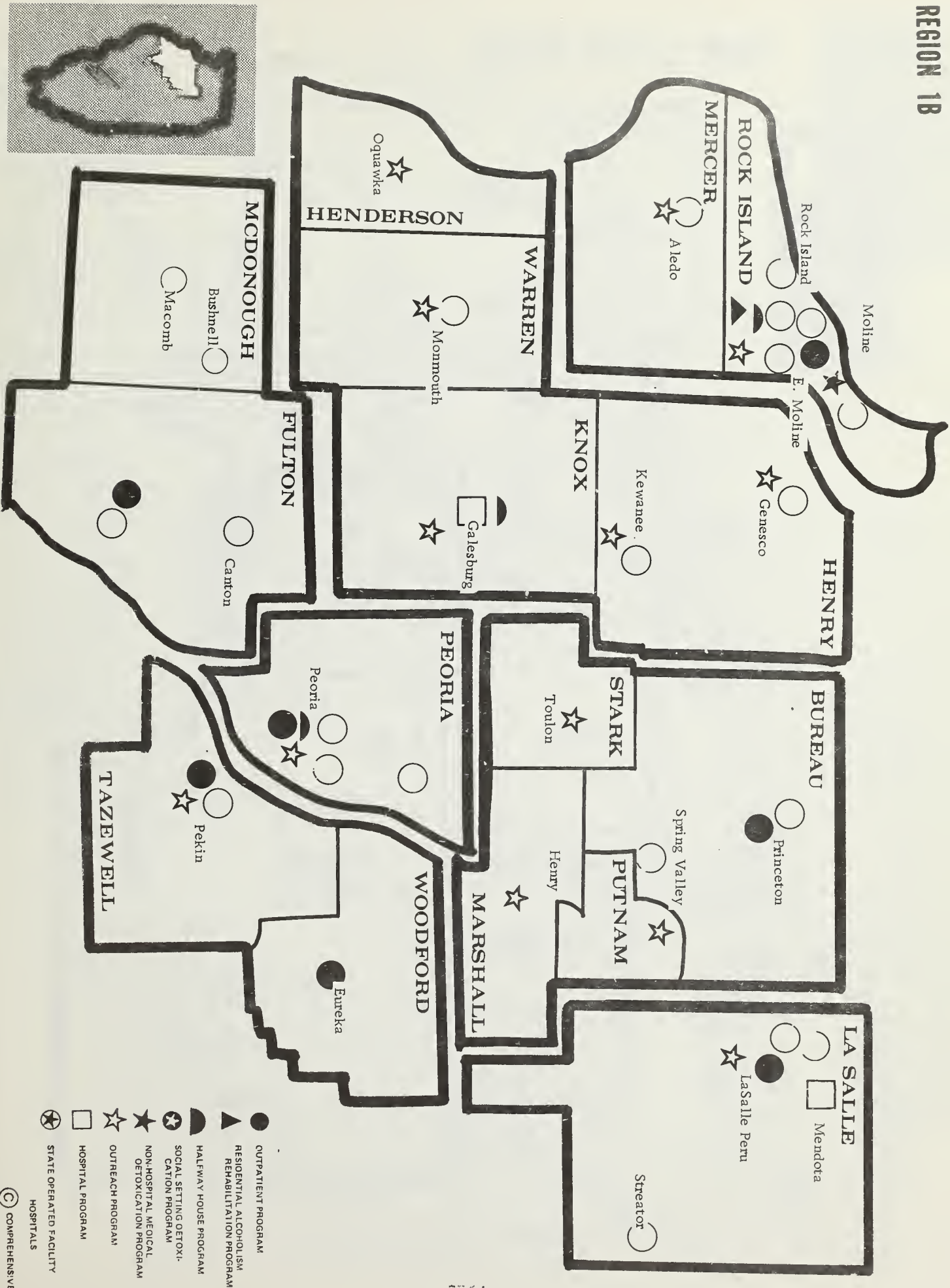
REGIONAL MAPS DISPLAYING  
ALCOHOLISM SERVICE NETWORKS EFFECTIVE  
JUNE 30, 1978

# REGION 1A

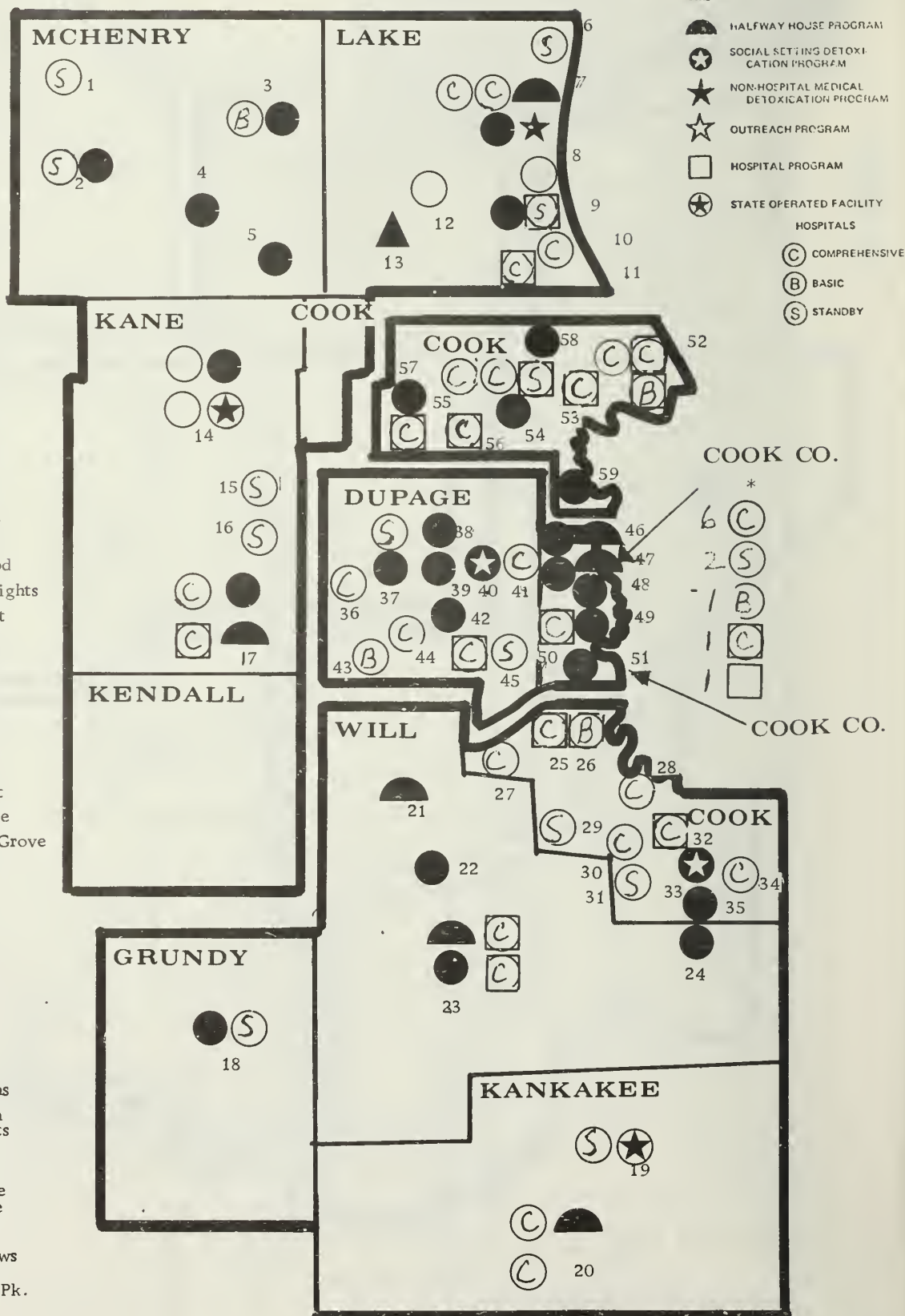
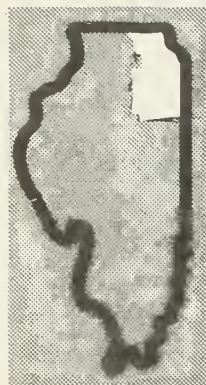




# REGION 1B



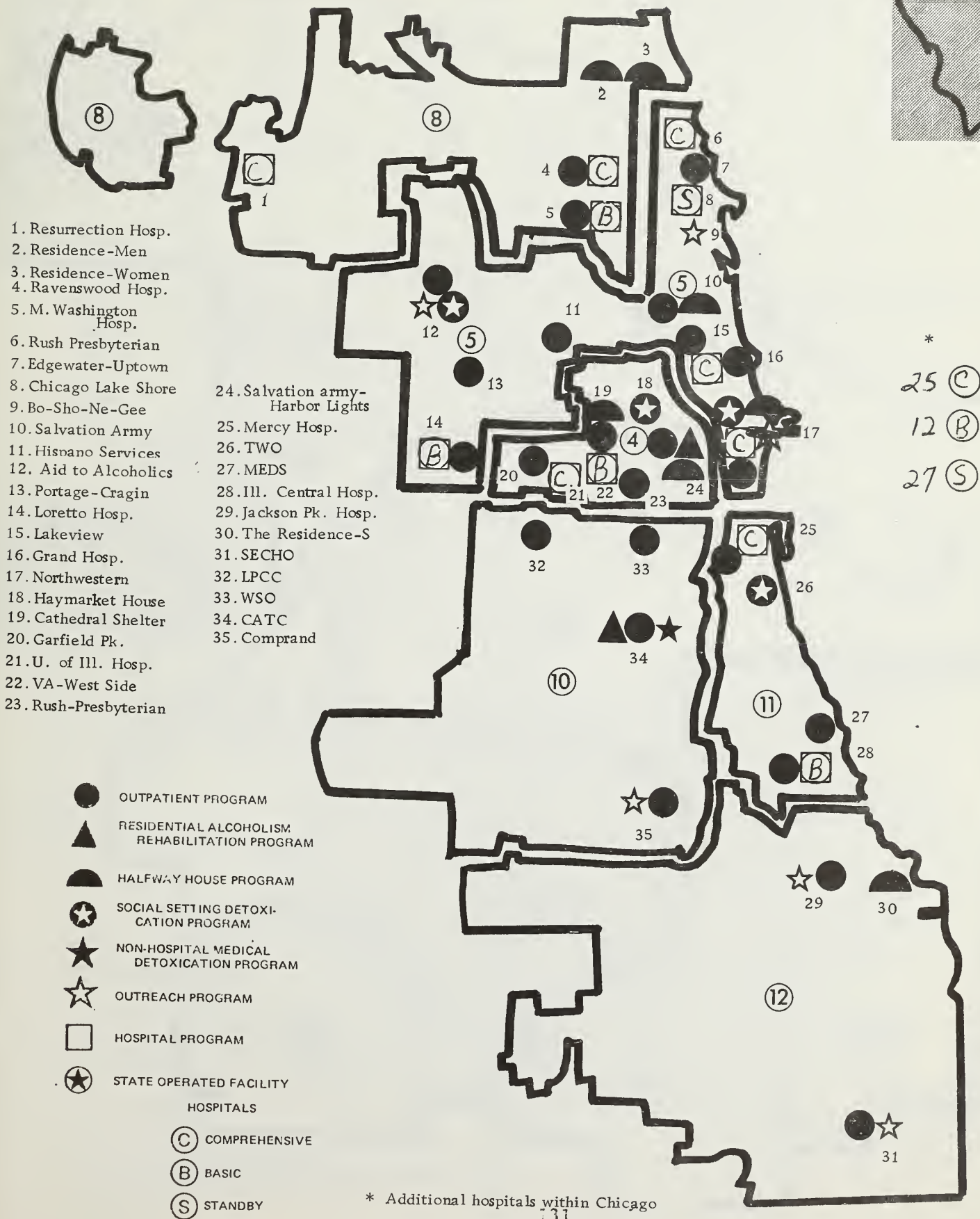
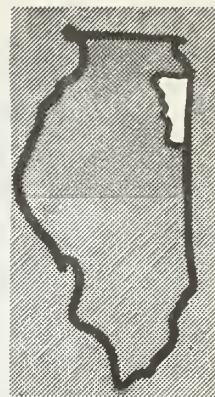
# REGION 2 (without Chicago)



\* Additional hospitals in western Cook.



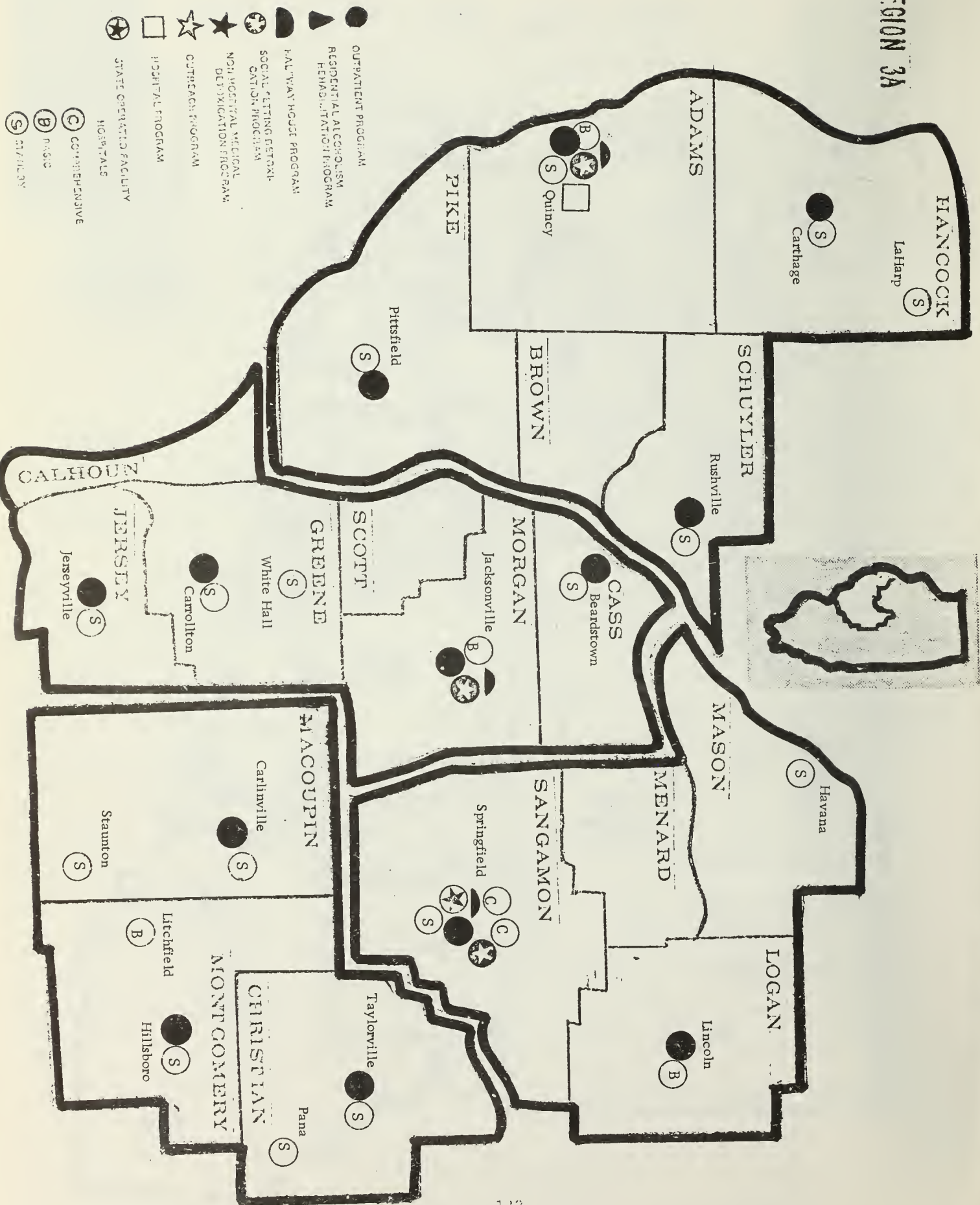
# REGION 2 (Chicago city)

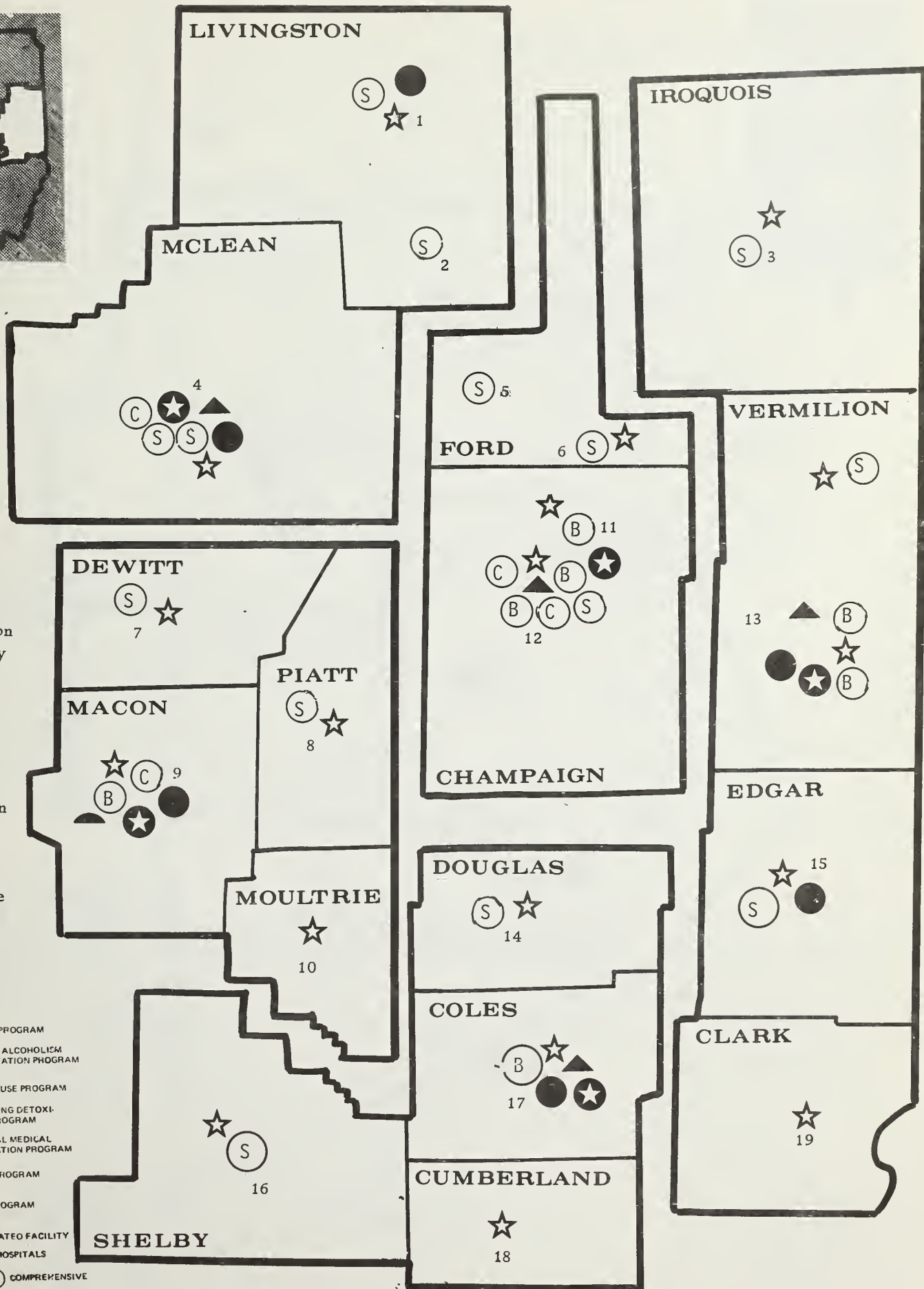


\* Additional hospitals within Chicago

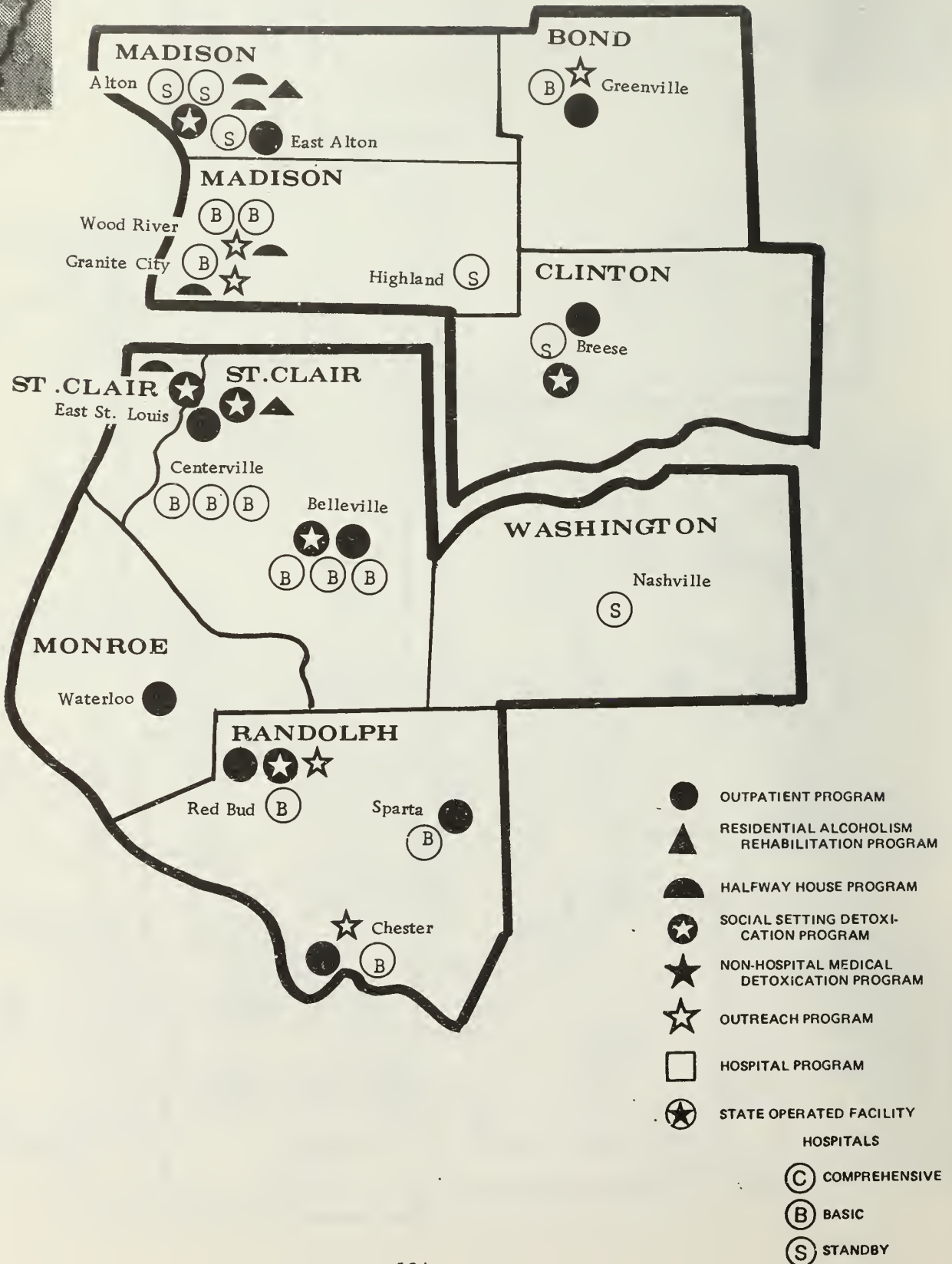
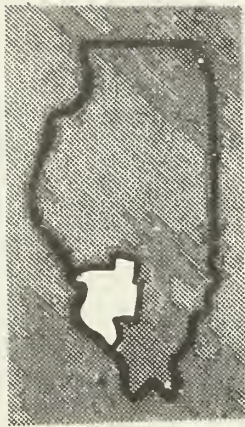


# REGION 3A

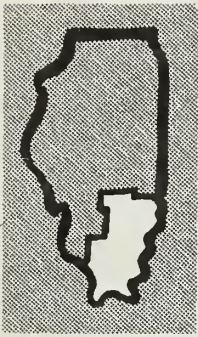




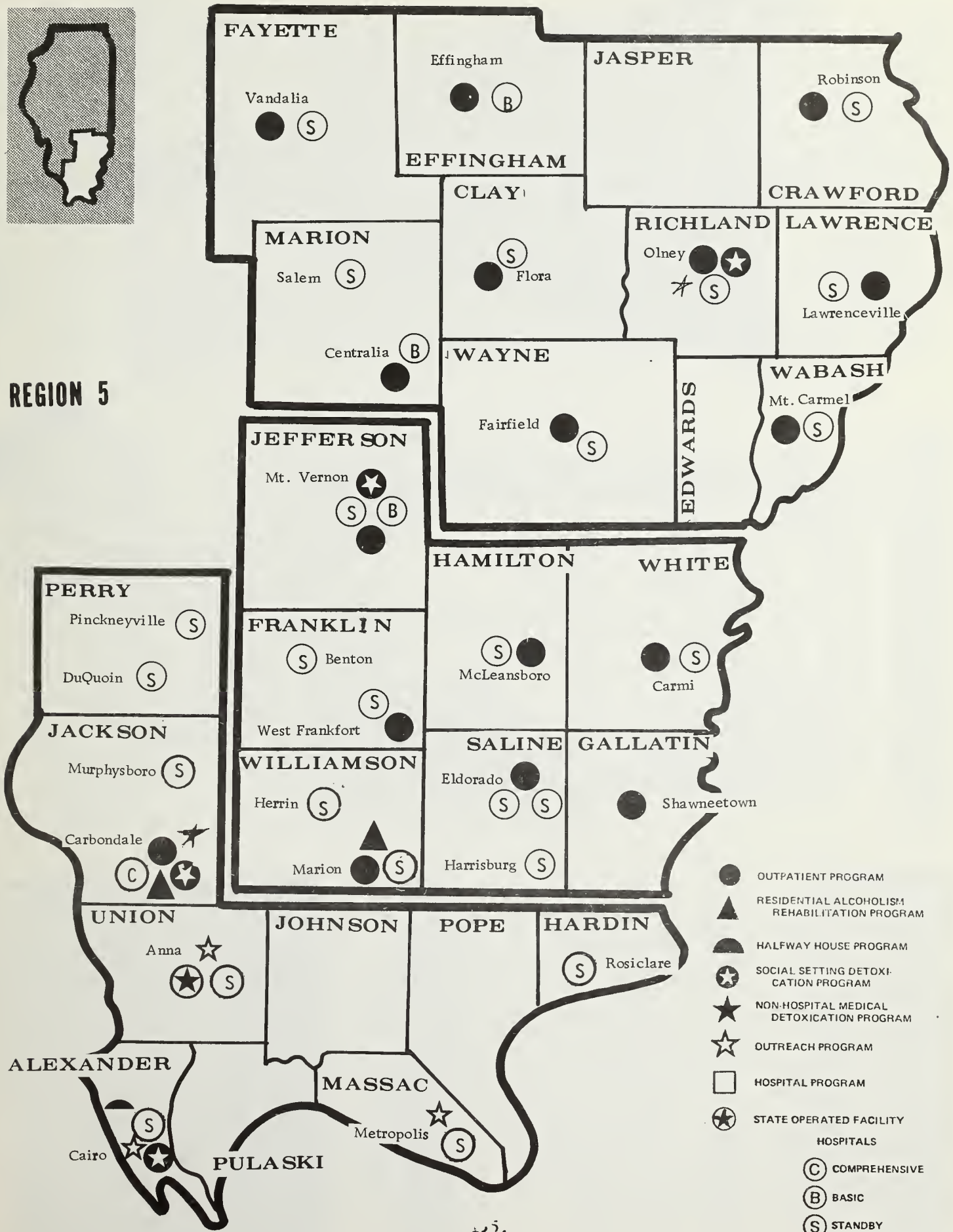
# REGION 4







## REGION 5



## HOW CAN WE SET UP AN ALCOHOL ASSISTANCE PROGRAM FOR YOU?

WE STUDY YOUR NEEDS — the size of your company — the kind of work you do.

WE HELP YOU DEVELOP A POLICY STATEMENT — and your PROGRAM GUIDELINES.

WE HELP YOU ESTABLISH A REFERRAL SYSTEM for employees whose attendance and performance records indicate they need help.

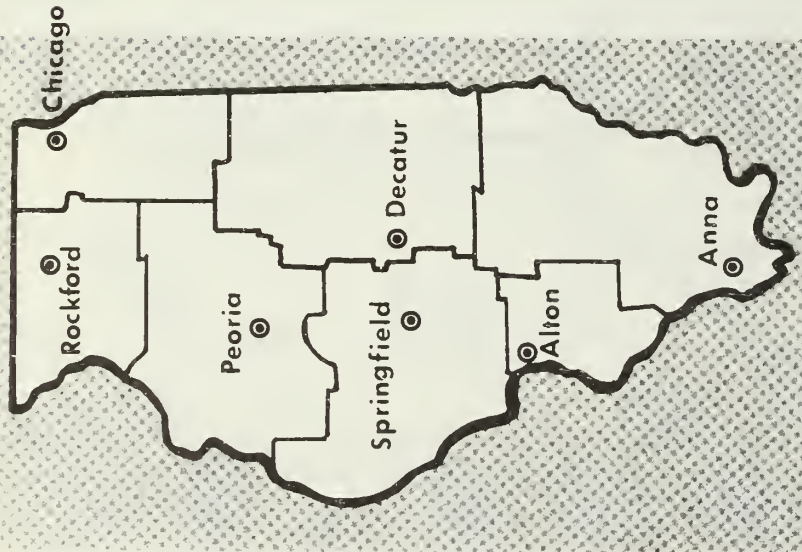
WE GIVE YOU GUIDANCE IN TRAINING SUPERVISORS — the key to an effective assistance program.

ACTUAL DIAGNOSIS AND TREATMENT  
TAKES PLACE IN YOUR COMMUNITY —

AT CLINICS, HOSPITALS, AND OTHER  
ESTABLISHED AGENCIES.

AN EMPLOYEE ALCOHOL ASSISTANCE PROGRAM IS JUST GOOD BUSINESS. IT'S A MATTER OF RECORD: COMPANY'S GET BACK \$3.00 FOR EVERY \$1. THEY INVEST. GREAT RETURN? YOU BET. AND YOU CAN NEVER MEASURE THE PERSONAL REWARD YOU'LL GET FROM HELPING PEOPLE TURN THEIR LIVES AROUND!

DIVISION OF ALCOHOLISM  
ILLINOIS DEPARTMENT OF MENTAL HEALTH  
AND DEVELOPMENTAL DISABILITIES  
Regional Alcoholism Coordinator's Offices



FOR ADDITIONAL INFORMATION  
AND CONSULTATION ON  
EMPLOYEE ASSISTANCE PROGRAMS  
CONTACT:

**\$3  
back  
for  
every  
\$1  
invested**

START WITH OUR FREE  
CONSULTATION SERVICE





## WHAT IS THE PRICE OF HIDDEN ALCOHOLISM?

Staggering!

Last year it was industry's \$15-billion headache.

In Illinois, the toll for industry alone was \$600-million.

Here's what alcoholism may be costing you — based on a conservative \$10,000 annual salary. This includes only measurable costs — such as absenteeism, medical expenses and poor job performance. It does not include the high price of bad management decisions and lowered employee morale.

Number of employees	Estimated total problem drinking employees	Annual company loss
50	5	\$ 12,500
100	10	25,000
500	50	125,000
1,000	100	250,000
5,000	500	1,250,000

EVEN SO, IT'S LESS COSTLY TO RETAIN AN EMPLOYEE THAN TO HIRE AND TRAIN A REPLACEMENT — WHO MAY HAVE THE SAME PROBLEM. Labor pools are swarming with problem people who are available due to alcoholic job loss.

## ON-THE-JOB SIGNS OF HIDDEN ALCOHOLISM

**GOOF-OFFS:** chronic absenteeism and tardiness. Employees with a drinking problem lose an average of 22 working days annually. That's one full work-month a year! (Peak days: Mondays, Fridays — the day after a holiday.)

**GOOF-UPS:** Recurrent poor job performance. The result can be job accidents, expensive equipment repairs, higher medical expenses, garnishment (In the case of executives — inability to make a decision — or grossly wrong decisions.)

**ANTI-SOCIAL BEHAVIOR** — irritability, aggressiveness, fatigue, withdrawal, sloppy appearance.

**ABRUPT PERSONALITY CHANGES** — especially after coffee or lunch breaks.

**FRICTION AMONG FELLOW WORKERS** — due to their lowered morale.

## ONCE YOU KNOW WHAT TO LOOK FOR—WHAT CAN YOU DO ABOUT IT?

You can establish an employee assistance program for alcoholics now. One that we'll help you set up — especially for your needs — through our State Alcoholism Division of the Illinois Department of Mental Health and Developmental Disabilities.

## OUR CONSULTATION SERVICES ARE FREE FOR THE ASKING

To date, we've served hundreds of Illinois employers.

Heads of corporations and industries (large and small)  
Labor union representatives  
Mayors, city managers. Officials of other local government and state agencies  
Presidents of schools, colleges — other learning centers.

Also the management of such crucial businesses as airlines, railroads and banks — where employee alcoholism becomes a matter of public concern.



*Box we don't have that problem, here.*

## IF YOU THINK HIDDEN ALCOHOLISM DOESN'T TOUCH YOUR EMPLOYEES—CONSIDER THESE ODDS:

In Illinois there are close to 1 million problem drinkers.

95% of these alcohol abusers are employed — or in the family of an employed person.

Alcoholism strikes men and women, of all ages, all types and levels of employment.

The hidden alcoholic's illness progresses gradually — often over a period of 10 years — before he becomes obviously unemployable.

ALCOHOLISM IS an illness which can be treated. And early diagnosis means faster recovery.

\*\*\*\*\*

TO IGNORE THE SIGNS OF ALCOHOL ABUSE — IS OUT! It's costly. Old fashioned. Inhumane. TO RECOGNIZE THE PATTERN OF THE HIDDEN ALCOHOLIC — AND TO OFFER TREATMENT REFERRAL — IS IN! It can save an employer enormous amounts of money.



## APPENDIX 6

### GRANT AGREEMENT

#### ALCOHOLISM ADDENDUM

This addendum signed this date \_\_\_\_\_ is in addition to the provisions of the Grant Agreement executed \_\_\_\_\_ and is considered a part thereof.

Grantor and Grantee further agree:

1. Grantee shall comply with the provisions of PA 78-1270, Alcoholism and Intoxication Treatment Act, as amended, and the Grantor's rules and regulations adopted in accordance with the Act.
2. Grantee shall comply with federal statute, Title 42, Chapter 1, Subchapter A, Part 2, and the federal regulations, Confidentiality of Alcohol and Drug Abuse Patient Records, dated July 1, 1975, and as amended, and in compliance with the Mental Health Code, effective January, 1968, and as amended.
3. The Grantee shall submit to the Division of Alcoholism within sixty (60) days after the end of the fiscal year an agency self-evaluation which will be included in the division's annual report to the federal government. The self-evaluation will focus on the Grantee's performance during the year in terms of the achievement of the program objectives stated on the program objectives section of form DMHDD-1201 of the Agency Program and Financial Plan (DMHDD-1201 series). Based on the results of the self-evaluation the Grantee and the Grantor will jointly apply this information in the review of FY 78 program objectives.
4. The Grantee shall submit to designated Region staff evidence of the accreditation of its alcoholism programs; to insure continued progress toward accreditation of all non-accredited programs, the Grantee shall submit a written plan, or a written update of the previously submitted plan, directed toward JCAH accreditation, developed with assistance from designated Region staff, for approval by the Grantor. This plan shall be submitted by September 30, 1977 for all programs that were operated during all of FY 77. Grantees operating alcoholism programs that operated during only part of FY 77 or which are new in FY 78 shall submit this plan by January 1, 1978, or after the program has been in operation for six months, whichever is longer.
5. Monies available to the Grantor under the Federal Formula Alcoholism Program identified by Fund Codes "39" or "49", must be expended in accordance with the Federal and State guidelines concerning the use of these funds; any questions concerning these guidelines should be referred to designated Region staff.
6. If the Grantee is providing a detoxication program, Grantee shall notify the county coroner of the death of any person in its detoxication program to allow for the necessary investigation as required by Chapter 31, Paragraph 10, Subparagraph d, Illinois Revised Statutes; Grantee shall notify designated Region staff within 24 hours of the date, time, and place of death as well as any unusual circumstances regarding the death; such notification shall be confirmed in writing, along with a copy of the coroner's report as soon as it is available.

7. If the Grantee is providing a detoxication program, Grantee shall not deny services to any person who comes voluntarily or is brought to the detoxication program, but shall at a minimum, provide diagnostic evaluation and, if the person is not admitted, provide a firm referral to another health facility.

Department of Mental Health and  
Developmental Disabilities

\_\_\_\_\_  
(GRANTOR)

\_\_\_\_\_  
(GRANTEE)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Legally Authorized Signatory)

\_\_\_\_\_  
(Typewritten Name)

\_\_\_\_\_  
(Typewritten Name)

\_\_\_\_\_  
Director

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
Regional Signature

\_\_\_\_\_  
Typewritten Name

\_\_\_\_\_  
Title

#### FUNDING FOR NEW PROGRAMS

The Alcoholism Treatment Licensing Act (PA 79-1433) requires that all alcoholism treatment programs be licensed by the Department of Public Health. The GRANTOR cannot provide funding for unlicensed programs. GRANTEE shall submit a start-up plan for the new program(s) in addition to the Agency Program and Financial Plan. If the new program(s) has not obtained licensure by the date set forth in the start-up plan and approved by the regional office, GRANTORS award to GRANTEE for the funding of the new program(s) will be terminated effective that date.

\_\_\_\_\_  
GRANTOR SIGNATURE

\_\_\_\_\_  
GRANTEE SIGNATURE

\_\_\_\_\_  
Regional Signature

STATE OF ILLINOIS  
EIGHTIETH GENERAL ASSEMBLY  
SENATE

Senate Resolution No. 395

Offered by Senator Grotberg and Senator Hynes, President of the Senate; and Senators Berman, Berning, Bloom, Bowers, Bruce, Buzbee, Carroll, Chew, Clewis, Coffey, Collins, D'Arco, Daley, Davidson, Demuzio, Donnewald, Egan, Glass, Graham, Guidice, Harber Hall, Kenneth Hall, Hickey, Johns, Joyce, Lane, Lemke, Leonard, Maragos, McMillan, Merlo, Mitchler, Moore, Netsch, Newhouse, Nimrod, Ozinga, Philip, Regner, Rhoads, Rock, Roe, Rupp, Sangmeister, Savickas, Schaffer, Shapiro, Smith, Sommer, Soper, Vadalabene, Walsh, Washington, Weaver, Wooten and Ziomek.

WHEREAS, With the acceptance of alcoholism as an illness, formal treatment programs were established and personnel, with a variety of educational and experiential backgrounds, were incorporated into those programs as alcoholism counselors; and

WHEREAS, The knowledge, skills and competencies that have evolved with the alcoholism counselor now serve as the bases by which the professional competency of the alcoholism counselor can be measured; and

WHEREAS, Professional certification will identify and certify the competent alcoholism counselor leading to the improvement in the quality of service being provided the alcoholic client, and will aid the client in identifying those counselors able to render competent, professional counseling, therapy and service; and

WHEREAS, Certification helps to provide the growth necessary in all professions by providing standards which will upgrade skills, widen job opportunities, and provide objective criteria for valid comparison; and

WHEREAS, The certification process in Illinois will facilitate the recognition of the alcoholism counselor as a health care professional; and

WHEREAS, The members of the Task Force on Certification have contributed their diligent and dedicated efforts in reference to certification; and



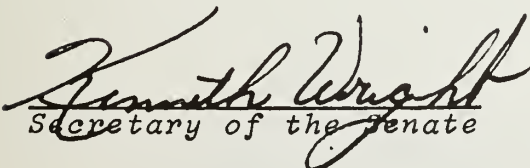
WHEREAS, The members of the Task Force, George Schwab, John Reese, Shirley O'Connell, Fran Chastain, Gene Crooks, Dave Braun, Dick McLaren, Paul Brennan, Walter Preissing, Hal Tobey, Lee Loomis, Jackie Hanback, Mike Stroden, Fannie Young, Mike Rainey, James Renz, Alice Tate, Wendy Russell, Keith Keesy, J. B. Craig, Cleo Anderson, Donald O'Donnell, Ken Craglow, John Beltramia, George Covington, Tom Janeway, and Susan Meek, should be recognized and saluted for their personal commitment and involvement toward the goal of improvement in health service delivery to the alcoholic and problem drinker; and

WHEREAS, The members of Task Force Committees, Marine Rosenbarger, Elver Hoefer, Robert Spieler, Ruth Holl, Brenda Blair, Orville McElfresh, Richard Spillane, John Schwarzlose, H. Chase Page, Richard Yale, John Blattner, Ben Loudermilk, Nick Piazza, Jacqueline Reed, Mark Fish, Karen Hoover, Peter Scales, Eileen McGann, Joe Gordon, Edjuana Tatem, Dick Sample, Don Didier, Katherine Mutke, and Richard Kilgus, should be recognized, congratulated and commended for their contributions toward the development and successful implementation of the alcoholism counselor certification system; therefore, be it

RESOLVED, BY THE SENATE OF THE EIGHTIETH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that the members of the Task Force on Certification and the members of Task Force Committees be commended and congratulated for their contribution toward the development of higher standards in the treatment of the alcoholic.

Adopted by the Senate, May 26, 1978.

  
President of the Senate

  
Secretary of the Senate

ALCOHOLISM SERVICES AND COSTS  
ANNUAL, FY 78

REGION 1A

Program Code	Program Name	Undup, Clients	Units of Service	Other Units	In Thousands	
					DMHDD Cost	Total Cost
01	Sustaining Care	49	162	25	\$ 4.8	\$ 7.7
02	Outpatient	168	347	120	7.5	13.1
02A	Outpatient Alcoholism	757	4,499	5,699	168.9	261.8
03	Emergency	500	682	393	27.2	41.0
03A	Social Setting Detoxication	852	4,786	-	154.9	268.2
04	Community Day Treatment	13	277	-	4.4	8.1
06A	Day Training for DD Children (0-3)	-	-	4	.2	.4
07	Sheltered Workshop	19	2,219	-	19.8	72.4
08	Work Activity	5	76	-	.6	1.7
10A	Alcoholism Halfway House	54	2,825	-	41.5	80.4
10B	Residential Intermediate Care-Alc.	277	12,720	-	179.6	346.3
11B	Outreach Alcoholism	5	41	10	.3	.7
20	Inpatient	231	6,413	-	802.3	423.5
		2,930	35,047	6,251	\$1,412.0	\$1,525.3

ALCOHOLISM SERVICES AND COSTS  
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REGION 1B

Program Code	Program Name	Undup. Clients	Units of Service	Other Units	In Thousands	
					DMHDD Cost	Total Cost
01	Sustaining Care	112	660	27	\$ 8.5	\$ 15.8
02	Outpatient	273	684	533	12.1	30.5
02A	Outpatient Alcoholism	1,952	10,988	5,494	197.1	441.4
03	Emergency	317	422	105	4.8	20.7
03A	Social Setting Detoxication	367	1,157	-	113.7	197.0
04	Community Day Treatment	12	65	-	1.4	2.5
05	Homebound	-	-	6	.1	.3
07	Sheltered Workshop	18	1,712	-	11.9	45.1
10A	Alcoholism Halfway House	195	13,539	-	147.9	277.6
10B	Residential Intermediate Care-Alc.	234	9,712	-	39.3	276.7
11B	Outreach Alcoholism	1,338	7,126	11,474	233.3	422.6
20	Inpatient	179	6,093	-	481.5	481.5
		4,997	52,158	17,639	\$1,251.6	\$2,211.7



ALCOHOLISM SERVICES AND COSTS  
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REGION 2

Program Code	Program Name	Undup. Clients	Units of Service	Other Units	In Thousands	
					DMHDD Cost	Total Cost
01	Sustaining Care	606	2,850	902	\$ 77.1	\$ 133.1
02	Outpatient	225	1,581	818	30.5	56.8
02A	Outpatient Alcoholism	7,050	49,169	39,959	1,144.6	2,455.2
03	Emergency	363	819	700	35.1	49.9
03A	Social Setting Detoxication	8,059	46,516	-	1,580.8	1,861.0
04	Community Day Treatment	18	490	-	6.6	18.5
05	Homebound	-	-	2	.1	.1
06	Day Training for DD Children (3-21)	4	88	-	1.3	3.8
06A	Day Training for DD Children (0-3)	1	4	-	.1	.1
07	Sheltered Workshop	52	2,828	-	45.8	96.3
08	Work Activity	14	1,146	-	12.2	32.0
08A	Day Training for DD Adults	1	42	-	1.6	1.7
09A	Special Habilitation	1	6	-	.9	2.6
10	Halfway House	2	201	-	3.2	3.7
10A	Alcoholism Halfway House	490	32,997	-	339.5	745.0
10B	Residential Intermediate Care-Alc.	146	4,797	-	133.3	192.3
11	Casefinding, Information & Referral	9	19	164	7.5	7.7
11B	Outreach Alcoholism	2	1	1	-	-
14F	DD Outpatient Diagnostic	6	96	15	2.7	4.8
20	Inpatient	2,717	60,223	-	5,708.8	5,708.8
		19,766	203,873	42,561	\$9,131.7	\$11,373.4

ALCOHOLISM SERVICES AND COSTS  
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REGION 3A

Program Code	Program Name	Undup. Clients	Units of Service	Other Units	In Thousands	
					DMHDD Cost	Total Cost
01	Sustaining Care	54	231	34	\$ 6.0	\$ 8.4
02	Outpatient	114	380	177	9.2	14.6
02A	Outpatient Alcoholism	1,153	10,832	10,335	261.7	349.2
03	Emergency	31	179	171	4.5	9.1
03A	Social Setting Detoxication	745	5,111	-	278.3	344.0
04	Community Day Treatment	2	7	-	.1	.3
07	Sheltered Workshop	12	527	-	3.7	16.6
08	Work Activity	2	303	-	1.6	3.4
10A	Alcoholism Halfway House	227	12,771	-	224.4	299.6
10B	Residential Intermediate Care-Al.c.	4	218	-	4.1	7.3
11B	Outreach Alcoholism	3	40	-	1.7	3.8
20	Inpatient	150	4,428	-	499.7	499.7
		2,497	35,027	10,717	\$1,295.0	\$1,556.0

ALCOHOLISM SERVICES AND COSTS  
ANNUAL, FY 78

REGION 3B

Program Code	Program Name	Undup. Clients	Units of Service	Other Units	In Thousands	
					DWHD Cost	Total Cost
01	Sustaining Care	80	821	227	\$ 11.4	\$ 15.4
02	Outpatient	121	583	682	10.5	19.6
02A	Outpatient Alcoholism	1,014	6,742	8,246	113.6	207.8
03	Emergency	75	171	162	3.3	5.9
03A	Social Setting Detoxication	1,167	5,656	-	495.3	591.4
04	Community Day Treatment	6	85	-	1.9	2.2
05	Homebound	2	2	12	.1	.2
07	Sheltered Workshop	15	941	-	6.5	28.1
08	Work Activity	6	418	-	4.0	5.5
09B	Summer Day Camp	1	1	-	-	-
10A	Alcoholism Halfway House	50	2,557	-	27.6	55.8
10B	Residential Intermediate Care-Alc.	333	14,421	-	378.1	538.4
11B	Outreach Alcoholism	66	73	2,904	23.4	37.9
20	Inpatient	21	1,036	-	106.0	106.0
		2,957	33,507	12,233	\$1,181.7	\$1,614.2



ALCOHOLISM SERVICES AND COSTS  
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REGION 4

Program Code	Program Name	Undup. Clients	Units of Service	Other Units	In Thousands	
					DMHDD Cost	Total Cost
01	Sustaining Care	25	66	64	\$ 3.2	\$ 3.9
02	Outpatient	141	778	831	43.1	49.1
02A	Outpatient Alcoholism	509	2,520	2,639	230.3	323.3
03	Emergency	10	9	297	3.3	6.4
03A	Social Setting Detoxication	278	1,763	-	432.7	511.6
04	Community Day Treatment	4	88	-	3.3	4.4
07	Sheltered Workshop	1	8	-	.1	.2
08	Work Activity	4	300	-	4.0	7.8
10A	Alcoholism Halfway House	63	2,877	-	86.9	94.9
10B	Residential Intermediate Care-Alc.	90	2,181	-	111.6	128.8
11B	Outreach Alcoholism	116	290	1,188	60.0	77.4
20	Inpatient	87	1,814	-	184.7	184.7
		1,328	12,694	5,019	\$1,163.2	\$1,392.5

ALCOHOLISM SERVICES AND COSTS  
ANNUAL, FY 78

REGION 5

Program Code	Program Name	Undup. Clients	Units of Service	Other Units	In Thousands	
					DMHDD Cost	Total Cost
01	Sustaining Care	180	600	84	\$ 12.7	\$ 18.0
02	Outpatient	112	548	540	36.1	42.1
02A	Outpatient Alcoholism	961	6,754	6,600	243.4	321.5
03	Emergency	4	13	86	.7	1.2
03A	Social Setting Detoxication	479	3,172	-	388.0	457.2
04	Community Day Treatment	18	394	-	5.4	5.9
07	Sheltered Workshop	18	1,337	-	27.0	55.7
08	Work Activity	3	165	-	3.2	4.1
10A	Alcoholism Halfway House	56	5,263	-	50.8	83.0
10B	Residential Intermediate Care-Alc.	78	2,946	-	183.2	226.1
11B	Outreach Alcoholism	200	6,342	2,861	56.5	107.7
20	Inpatient	246	8,674	-	601.1	601.1
		2,355	36,208	10,171	\$1,608.1	\$1,923.6

## REGIONAL ALCOHOLISM COORDINATORS

### REGION 1A

James Sarver, RAC  
H. Douglas Singer  
Mental Health Center  
4402 N. Main Street  
Rockford, IL. 61103  
(815) 987-7667

### REGION 1B

Harry Bush, RAC  
George A. Zeller  
Mental Health  
Center  
5407 N.  
University  
Peoria, IL.  
61614  
(309) 691-2200  
Ext. 413

### REGION 4

Ray Paradise, RAC  
State Office Building  
#10 Collinsville Avenue  
East St. Louis, Ill. 62203  
(618) 875-9300 Ext. 201

### REGION 2

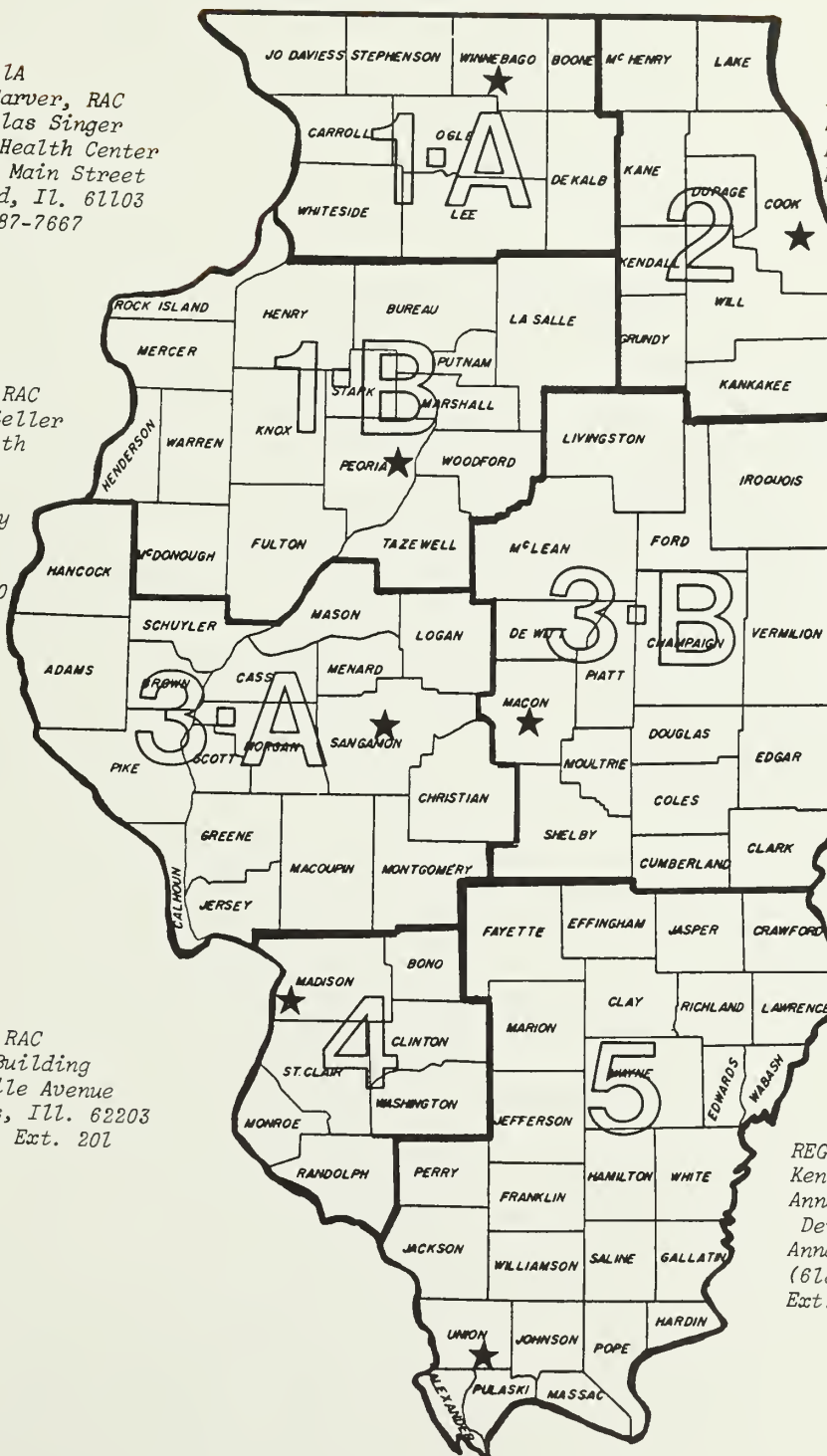
Sam Cardone, Ph.D., RAC  
Region 2 Office  
Dept. of Mental Health  
and DD  
Margaret Durso  
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Chicago, IL. 60634  
(312) 794-4130-1-2

### REGION 3B

Johanna DeVries, RAC  
Adolph Meyer Mental  
Health Center  
2310 E. Mound Rd.  
Decatur, IL. 62526  
(217) 877-3410

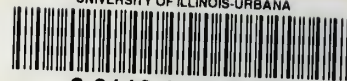
### REGION 5

Kenneth Lawler, RAC  
Anna Mental Health &  
Developmental Center  
Anna, IL. 62906  
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